# M05000006910

# Florida Department of State

Division of Corporations Public Access System

**Electronic Filing Cover Sheet** 

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H060002691393)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this

page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092

Fax Number : (850)878-5926

# LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

SPI HEALTHCARE DOCUMENTATION, LLC

SION OF CORPORATION NOV -6 PM 3: 05

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 0       |
| Page Count            | 03      |
| Estimated Charge      | \$25.00 |

Electronic Filing Menu

Corporate Filing Menu

Help

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

### SECTION I (1-3 must be completed)

| 1. | Name of limited liability company as it appears on the records of the Florida Dopartment of State: SPI HEALTHCARE DOCUMENTATION, LLC   |   |
|----|--|---|
| 2. | Jurisdiction of its organization: DELAWARE   |   |
| 3. | Date authorized to do business in Florida: DECEMBER 16, 2005   |   |
|    | SECTION II (4-7 complete only the applicable changes)  |   |
| 4. | If the amendment changes the name of the limited liability company, when was the change effected under the laws of its jurisdiction of organization? November 21, 2006   | 4 |
| 5. | New name of the limited liability company: SPI America LLC   |   |
| 6. | If the amendment changes the period of duration, indicate new period of duration:  |   |
| 7. | If the amendment changes the jurisdiction of organization, indicate new jurisdiction:  |   |
| 8. | If the amendment corrects any false statement, indicate the statement being corrected and the correction:  |   |
| 9. | Attached is an original certificate, no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.  Signature of a member or first authorized representative of a member |   |
|    | David Thornquist, Manager Typed or printed name of signee  |   |



# The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAMARE, DO HEREBY CERTIFY THAT THE SAID "SPI HEALTHCARE DOCUMENTATION, LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "SPI AMERICA LLC", THE FIRST DAY OF MOVEMBER, A.D. 2006, AT 3:53 O'CLOCK P.M.

AUTHENTICATION: 5172019

DATE: 11-03-06

3596254 8320

061014289