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### **COVER LETTER**

TO:	_	Section Corporations		<i>:</i>	A
SUBJ	ECT: Simi	one Consultants		ity Come	
		Name of Foreign	i Limited Liabii	ity Comp	bany
Dear S	Sir or Madam:				
The er	iclosed applica	tion, certificate and fee(s) a	are submitted fo	r filing.	
Please	return all corr	espondence concerning this	s matter to the fo	ollowing	:
Jen	nifer Bas	ssett			
		Name of Person			
Sim	ione Hea	althcare Consulta	nts, LLC		
	· · · · · · · · · · · · · · · · · · ·	Firm/Company			
413	0 Whitne	ey Ave			
	<u></u>	Address			
Har	mden, C	Г 06518			
		City/State and Zip Code			
jbas	ssett@si	mione.com			
E-m	nail address: (to	be used for future annual	report notificati	on)	
For fu	rther informati	on concerning this matter, p	nlease call:		
	nifer Bas		.203	287-	-9288
		e of Person	Area Code	/	ne Telephone Number
	Registration Division of C Clifton Build 2661 Execut	Corporations		Regist Division P.O. B	ING ADDRESS: ration Section on of Corporations fox 6327 assee, Florida 32314
	sed is a check Filing Fee	for the following amount:  \$\simeg\$ \$30 Filing Fee &  Certificate of Status	: □ \$55 Filing Certified C		□ \$60 Filing Fee, Certificate of Status & Certified Copy

# APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

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

Name of limited liability Company as it appears on the records of the Florida Department of State: Simione Consultants, LLC
2. Jurisdiction of its organization: Connecticut
3. Date authorized to do business in Florida: March 2008
SECTION II (4-7 complete only the applicable changes)
4. New name of the limited liability company: Simione Healthcare Consultants, LLC (must contain "Limited Liability Company, " "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")
5. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:
6. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:
7. Attached is an original certificate, if required: 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 the authorized representative
Robert J Simione
Typed or printed name of signee
Filing Fee: \$25.00

#### Office of the Secretary of the State of Connecticut

I, the Connecticut Secretary of the State, and keeper of the seal thereof, DO HEREBY CERTIFY, that articles of organization for

#### SIMIONE HEALTHCARE CONSULTANTS, L.L.C.

a domestic limited liability company, were filed in this office on August 31, 2001.

Articles of amendment for SIMIONE CONSULTANTS, L.L.C., changing its name to SIMIONE HEALTHCARE CONSULTANTS, L.L.C., were filed on October 28, 2011.

Articles of dissolution have not been filed, and so far as indicated by the records of this office such limited liability company is in existence.

Secretary of the State

Date Issued: September 16, 2014

SECRETARY OF STATE

TALLAHASSET, FLOSIO

Business ID: 0690183 Standard Certificate Number: 2014265135001

Note: To verify this certificate, visit the web site http://www.concord.sots.ct.gov

#### RESOLUTION AUTHORIZING CHANGE OF NAME

The undersigned, being all of the Members of Simione Consultants, L.L.C., hereby acknowledge and agree that on October 28, 2011 the company changed its name from Simone Consultants, L.L.C to Simione Healthcare Consultants, L.L.C.

Dated this 22<sup>nd</sup> day of December 2011.

Robert J. Simione, Manager

Betty L. Gordon

William J. Simione III

Sheldon J. Berman

Marian C. Entin

Marian C. Entin

Marian Marian C. Entin

Marian C. Entin