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Division of Corporations

001892101 ida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BRANDON SRS MANAGEMENT SERVICES, LLC

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Helpt Suren JUN 24 2014

COVER LETTER

	gistration Section vision of Corporations			
SUBJECT	Brandon SRS Management Services, LI	LC		
	Name of Foreign	Limited Liabil	ity Comp	any
Dear Sir or	Madam:			
The enclos	ed application, certificate and fee(s) a	re submitted fo	or filing.	
Please retu	rn all correspondence concerning this	matter to the fe	allowing:	
Ceci Estill				
	Name of Person			
Brandon SR	S Management Services, LLC	<u>-</u>		
	Firm/Company			
One Park Pl	oza - Legal Dept.			
	Address			
Nashville, T	N 37203			
	City/State and Zip Code			
•	rf@hcahealthcare.com			
E-mail a	ddress: (to be used for future annual r	eport notificati	ion)	
For further	information concerning this matter, p	lease call:		
Ceci Estill		at (615	344-299	4
	Name of Person		& Daytin	ne Telephone Number
	REET/COURIER ADDRESS:			ING ADDRESS:
Re	gistration Section	Registration Section Division of Corporations		
	vision of Corporations fron Building	P.O. Box 6327		
26	61 Executive Center Circle Ilahassee, Florida 32301			assec, Florida 32314
월 \$ 25 Fift	Certificate of Status	□ \$55 Filing Certified C		S60 Filing Fee, Certificate of Status & Certified Copy
CR2E055 (12	/13)			

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 re State: Brandon SRS Management Services, LLC	cords of the Florida Department of				
2. Jurisdiction of its organization: M08000001892	57 95 10				
3. Date authorized to do business in Florida: 04/21/2008					
SECTION II (4-7 complete only the applicable changes)					
4. New name of the limited liability company: Augusta Mana (must contain "L	agement Services, LLC inited Liability Company, ""LLC," or "LLC.")				
(If name unavailable, enter alternate name adopted for the preflorida and attach a copy of the written consent of the management the alternate name. The alternate name must contain "Limite or "LLC.") 5. If the amendment changes the jurisdiction of organization	gers or managing members adopting d Liability Company," "L.L.C."				
6. If the amendment changes person, title or capacity in account that change:	ordance with 605.0902 (1)(e), indicate				
7. Attached is an original certificate, if required: no more the aforementioned amendment(s), duly authenticated by the jurisdiction under the law of which this entity is organize Signature of the authorized.	official having custody of records in the				
Natalie H. Cline, Authorized Re	epresentative				
Typed or printed name of s	ignee				
Filing Fee: \$25.0	0				

Delaware

PAGE :

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "BRANDON SRS MANAGEMENT SERVICES, LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "AUGUSTA MANAGEMENT SERVICES, LLC", THE SIXTEENTH DAY OF JUNE, A.D. 2014, AT 8:41 O'CLOCK A.M.

14 JUN 23 PH LL LS

4534856 8320

140849041

You may verify this certificate online at corp.delaware.gov/authver.shtml faffrey W. Bullock, Secretary of State

THENTY CATION: 1460927

DATE: 06-17-14