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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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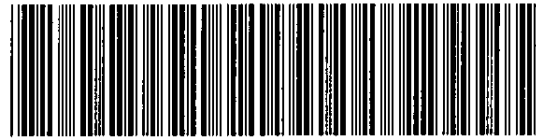
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/22/10--01029--002 **25.00

SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 MAY 11 PM 3:50

T. HAMPTON

MAY 12 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Amerilife & Health Services of Deerfield Beach, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sharon A Owens

Name of Person

American Insurance Administrators LLC

Firm/Company

2536 Countryside Blvd Suite 501

Address

Clearwater, FL 33763

City/State and Zip Code

sowens@aiasvcs.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sharon A Owens

Name of Person

at (727)

216-0859

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

**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 Department of State: AmeriLife & Health Services of Palm Beach, LLC
2. Jurisdiction of its organization: Delaware
3. Date authorized to do business in Florida: 05/07/2009

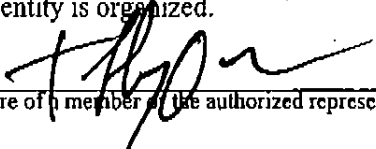
SECTION II (4-7 complete only the applicable changes)

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? 03/24/2010
5. New name of the limited liability company: _____
(must end with "Limited Liability Company," "L.L.C.," or "LLC.")
AMERILIFE AND HEALTH SERVICES OF DEERFIELD BEACH, 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 end with "Limited Liability Company," "L.L.C." or "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 of the authorized representative of a member

Timothy O North

Typed or printed name of signee

Filing Fee: \$25.00

SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 MAY 11 PM 3:58

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "AMERILIFE AND HEALTH SERVICES OF PALM BEACH, LLC", CHANGING ITS NAME FROM "AMERILIFE AND HEALTH SERVICES OF PALM BEACH, LLC" TO "AMERILIFE AND HEALTH SERVICES OF DEERFIELD BEACH, LLC", FILED IN THIS OFFICE ON THE TWENTY-FOURTH DAY OF MARCH, A.D. 2010, AT 10:42 O'CLOCK A.M.

4674492 8100

100310816

You may verify this certificate online
at corp.delaware.gov/authver.shtml




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 7891474

DATE: 03-25-10

**STATE OF DELAWARE
CERTIFICATE OF AMENDMENT**

1. Name of Limited Liability Company: AMERILIFE AND HEALTH SERVICES OF PALM BEACH, LLC
2. The Certificate of Formation of the limited liability company is hereby amended as follows:

The name of the Limited Liability Company is:
AMERILIFE AND HEALTH SERVICES OF DEERFIELD BEACH, LLC

IN WITNESS WHEREOF, the undersigned have executed this Certificate on
the 22nd day of March, A.D. 2010.

By: 

Authorized Person(s)

Name: Timothy O. North

Print or Type