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| Special Instructions to Filing Officer: | | | | |
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Office Use Only



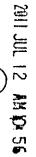
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T. CLINE

JUL 13 2011

EXAMINER



COVER LETTER

| TO: Registration Section Division of Corporations | |
|---|---|
| | Health Advisors, LLC gn Limited Liability Company |
| Dear Sir or Madam: | |
| The enclosed application, certificate and fee(s |) are submitted for filing. |
| Please return all correspondence concerning th | nis matter to the following: |
| Konnie Davis Name of Person | |
| ivalle of reison | |
| Security Health Advisors, LL Firm/Company | <u>.c</u> |
| 3100 Burnett Plaza, 801 Cherry St | ., Unit 33 |
| Address | |
| Fort Worth, Texas 76102 City/State and Zip Cod | |
| davisk@ushealthgroup. E-mail address: (to be used for future annua | |
| For further information concerning this matter | , please call: |
| Konnie Davis | at (817) 878-3607 Area Code & Daytime Telephone Number |
| Name of Person | |
| 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 |
| Englosed is a check for the following amount \$25 Filing Fee \$30 Filing Fee & Certificate of Status CL 10005000000000000000000000000000000000 | ☐\$55 Filing Fee & ☐\$60 Filing Fee, |

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: Security Health Advisors, LLC | _ |
|----------|--|-------------|
| 2. | Jurisdiction of its organization: Texas | _ |
| 3. | Date authorized to do business in Florida: 6/16/09 | _ |
| | 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? 4/11/11 | - |
| 5. | New name of the limited liability company: USHEALTH Advisors, LLC (must end with "Limited Liability Company," "L.L.C.," or "LL.C.") | _ |
| FI th | f name unavailable, enter alternate name adopted for the purpose of transacting business in orida and attach a copy of the written consent of the managers or managing members adopting e alternate name. The alternate name must end with "Limited Liability Company," "L.L.C." "LLC.") | - |
| 6. | If the amendment changes the period of duration, indicate new period of duration: | 2011 |
| 7. | If the amendment changes the jurisdiction of organization, indicate new jurisdiction: | 2011 JUL 12 |
| 8. | If the amendment corrects any false statement, indicate the statement being corrected and to correction: | _တ |
| | ָרֶבֶּי, יִיבֹנֶן, יִיבּילָן, יִיבּילָן, יִיבּילָן, יִיבּילָן, יִיבּילָן, יִיבּילָן, יִיבּילָן, יִיבּילְן, יִיבּיל | 6 0 |
| 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 jurisc under the law of which this entity is organized. Signature of a member or the authorized representative of a member | diction |
| | Michael Brian Clark | |

Filing Fee: \$25.00

Typed or printed name of signee

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Office of the Secretary of State

CERTIFICATE OF FILING OF

USHEALTH Advisors, LLC 801056355

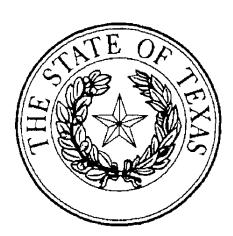
[formerly: Security Health Advisors LLC]

The undersigned, as Secretary of State of Texas, hereby certifies that a Certificate of Amendment for the above named entity has been received in this office and has been found to conform to the applicable provisions of law.

ACCORDINGLY, the undersigned, as Secretary of State, and by virtue of the authority vested in the secretary by law, hereby issues this certificate evidencing filing effective on the date shown below.

Dated: 04/11/2011

Effective: 04/11/2011



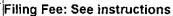
Hope Andrade Secretary of State

Phone: (512) 463-5555
Prepared by: Clarisca Davie

Fax: (512) 463-5709

Form 424

Secretary of State P.O. Box 13697 Austin, TX 78711-3697 FAX: 512/463-5709





Certificate

Filed in the Office of the Secretary of State of Texas Filing #: 801056355 04/11/2011 Document #: 363450610005 Image Generated Electronically for Web Filing

| | of Amendment | for Web Filing |
|---|---|--|
| | Entity Information | |
| The filing entity is a: Domestic L | imited Liability Company (LLC) | |
| | | |
| The name of the filing entity is: Se | curity Health Advisors LLC | <u></u> |
| | | |
| The file number issued to the filing | entity by the secretary of state is: 8010563 | 55 |
| | Amendment to Name | and the second s |
| The amendment changes the formal entity. The article or provision is an | ation document of the filing entity to change t nended to read as follows: | he article or provision that names the |
| The name of the filing entity is: | <u> </u> | |
| USHEALTH Advisors, LLC | | |
| A letter of consent, if applicable, is | attached. | |
| | Statement of Approval | |
| The amendment has been approve governing documents of the entity. | ed in the manner required by the Texas Busin | ess Organizations Code and by the |
| | Effectiveness of Filing | |
| A. This document becomes effect | ctive when the document is filed by the secret | ary of state. |
| B. This document becomes effecting by the secretary of state. The | ctive at a later date, which is not more than ni delayed effective date is: | nety (90) days from the date of its |
| | Execution | |
| The undersigned signs this docume or fraudulent instrument and declar Business Organizations Code to ex | ent subject to the penalties imposed by law forces under penalty of perjury that the undersign secute the filing instrument. | or the submission of a materially false ned is authorized under the Texas |
| Date: April 11, 2011 | James L. Jackson, | <u>Jr.</u> |

Signature of authorized person

FILING OFFICE COPY