M09000002970

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

500306681445

FILED
17 DEC 13 PM 7:59
SECRETARY OF STATE
TALLAHASSEE FLORIDA

2017 DEC 15 A 9:43

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallhassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 954360 8086995

AUTHORIZATION :

COST LIMIT : $ 25.00

ORDER DATE : December 13, 2017

ORDER TIME : 9:39 AM

ORDER NO. : 954360-050

CUSTOMER NO: 8086995

FOREIGN FILINGS

NAME: GENOA, A QOL HEALTHCARE COMPANY, LLC

_____ CORPORATE
_____ LIMITED PARTNERSHIP
XX ___ LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER: _____

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

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of State: Genoa, a QoL Healthcare Company, LLC

Enter new principal office address, if applicable: _____

(Principal office address MUST BE A STREET ADDRESS) _____

_____

Enter new mailing address, if applicable: _____

(Mailing address MAY BE A POST OFFICE BOX) _____

_____

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2. The Florida document number of this limited liability company is: M09000002970

3. Jurisdiction of its organization: Pennsylvania

4. Date authorized to do business in Florida: 07/31/2009

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: Genoa Healthcare 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.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____
Enter Florida Street Address

_____, **Florida** _____
City *Zip Code*

New Registered Agent's Signature, if changing Registered Agent:
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

_____
If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

_____

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

_____

Title/ Capacity	Name	Address	Type of Action
_____	_____	_____	☐ Add
		_____	☐ Remove
_____	_____	_____	☐ Add
		_____	☐ Remove
_____	_____	_____	☐ Add
		_____	☐ Remove
_____	_____	_____	☐ Add
		_____	☐ Remove
_____	_____	_____	☐ Add
		_____	☐ Remove

FILED
DEC 13 PM 7:59

9. Attached is a 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

Victor Breed
_____
Typed or printed name of signee

Filing Fee: $25.00

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

12/15/2017

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

Genoa Healthcare LLC

I, Robert Torres, Acting Secretary of the Commonwealth of Pennsylvania, do hereby certify that the foregoing and annexed is a true and correct copy of

Amendment filed on Dec 14, 2017 Effective Dec 15, 2017 - Pages (2)

which appear of record in this department.

IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

Robert Torres

Acting Secretary of the Commonwealth

Certification Number: TSC171215090182-1

Verify this certificate online at http://www.corporations.pa.gov/orders/verify

Entity# : 3893746
Date Filed : 12/14/2017
Effective Date : 12/15/2017
Robert Torres
Acting Secretary of the Commonwealth

PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

☐ **Return document by mail to:**

CSC. order #954360-5 VBJ
Name

CSC

(xx)Return document by email to: **cscpa@cscglobal.com**

Certificate of Amendment - Domestic
Limited Partnership/Limited Liability Company

TC0171214JM0244

Read all instructions prior to completing. This form may be submitted online at https://www.corporations.pa.gov/.

Fee: $70

Check one: ☐ Limited Partnership (§ 8622) ■ Limited Liability Company (§ 8822)

In compliance with the requirements of the applicable provisions (relating to Amendment or Restatement of Certificate), the undersigned, desiring to amend or restate its Certificate of Limited Partnership/Certificate of Organization, hereby certifies that:

1. The name of the limited partnership/limited liability company is: Genoa, a QoL Healthcare Company, LLC

2. The date of filing of the original Certificate of Limited Partnership/Certificate of Organization is:

07/15/2009
Date (MM/DD/YYYY)

3. The current registered office address as on file with the Department of State. *Complete part (a) **OR** (b) – not both:*

(a) _____
Number and street City State Zip County

(b) c/o: Corporation Service Company Dauphin
Name of Commercial Registered Office Provider County

4. *Check, and if appropriate complete, one of the following:*

■ The amendment adopted by the limited partnership/limited liability company, set forth in full, is as follows:

Name of the limited liability company: Genoa Healthcare LLC

☐ The amendment adopted by the limited partnership/limited liability company is set forth in full in Exhibit A attached hereto and made a part hereof.

5. Effective date of amendment (*check, and if appropriate complete, one of the following):*

☐ The amendment shall be effective upon filing this Certificate of Amendment in the Department of State.
☑ The amendment shall be effective on: 12/15/2017 at _____.
Date (MM/DD/YYYY) Hour (if any)

2017 DEC 14 AM 9:40

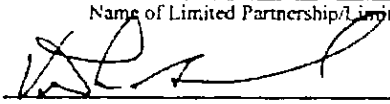
PA. DEPT. OF STATE

6. *Check if the amendment restates the Certificate of Limited Partnership/Certificate of Organization:*

☐ The restated Certificate of Limited Partnership/Certificate of Organization supersedes the original Certificate of Limited Partnership/Certificate of Organization and all previous amendments thereto.

IN TESTIMONY WHEREOF, the undersigned limited partnership/limited liability company has caused this Certificate of Amendment to be executed by a duly authorized person thereof this 13th day of December, 20 17.

Genoa, a QoL Healthcare Company, LLC
Name of Limited Partnership/Limited Liability Company



Signature

Member
Title