M11000003605

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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EXAMINER

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CORPDIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

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CONTACT: KATIE WONSCH

DATE: 01/25/2012

REF. #: 001668.160708

CORP. NAME: BEAMONE, LLC

( ) ARTICLES OF INCORPORATION
(XX) ARTICLES OF AMENDMENT
( ) ARTICLES OF DISSOLUTION
( ) ANNUAL REPORT
( ) TRADEMARK/SERVICE MARK
( ) FICTITIOUS NAME
( ) FOREIGN QUALIFICATION
( ) LIMITED PARTNERSHIP
( ) LIMITED LIABILITY
( ) REINSTATEMENT
( ) MERGER
( ) WITHDRAWAL
( ) CERTIFICATE OF CANCELLATION
( ) OTHER:

STATE FEES PREPAID WITH CHECK# 543104 **FOR $** 55.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

________________________ **COST LIMIT: $**________

PLEASE RETURN:

(XX) CERTIFIED COPY
( ) CERTIFICATE OF GOOD STANDING
( ) PLAIN STAMPED COPY
( ) CERTIFICATE OF STATUS

Examiner's Initials

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JAN 25 PM 2:21

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: BeamOne, LLC

2. Jurisdiction of its organization: Delaware

3. Date authorized to do business in Florida: 7/15/11

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? 1/10/12

5. New name of the limited liability company: Synergy Health AST, LLC
(must end with "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 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 or the authorized representative of a member

Glenn Thibault, CEO
Typed or printed name of signee

Filing Fee: $25.00

Delaware

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 "BEAMONE, LLC", CHANGING ITS NAME FROM "BEAMONE, LLC" TO "SYNERGY HEALTH AST, LLC", FILED IN THIS OFFICE ON THE TENTH DAY OF JANUARY, A.D. 2012, AT 2:34 O'CLOCK P.M.

Jeffrey W. Bullock, Secretary of State

3876724 8100

120030769

AUTHENTICATION: 9287567

DATE: 01-10-12

State of Delaware
Secretary of State
Division of Corporations
Delivered 02:34 PM 01/10/2012
FILED 02:34 PM 01/10/2012
SRV 120030769 - 3876724 FILE

STATE OF DELAWARE

CERTIFICATE OF AMENDMENT

1. Name of Limited Liability Company: BeamOne, LLC

2. The Certificate of Formation of the limited liability company is hereby amended as follows:

   Article I is revised in its entirety to read: "The name of the limited liability company is Synergy Health AST, LLC."

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Amendment on January 9, 2012.

By: SYNERGY HEALTH US HOLDINGS LIMITED, the sole Member

By: ______________________
Tim Mason, Secretary