# MII0000006093

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DATE:

3/25/15

NAME:

CNH, LLC

TYPE OF FILING: AMENDMENT

COST:

30.00

RETURN: PLAIN COPY AND GOOD STANDING PLEASE

ACCOUNT: FCA000000015

**AUTHORIZATION:** 

#### **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT: CNH, 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:				
Michael T. Jones				
Name of Person				
Healthtique Group Management, LLC				
Firm/Company				
P.O. Box 9268				
Address				
Hickory, NC 28603	4			
City/State and Zip Code				
mtjones@healthtiquegroup.com				
E-mail address: (to be used for future annual report notification)	3 € 302			
For further information concerning this matter, please call:	•			
Michael T. Jones at (770 ) 630-0900				
Name of Person Area Code & Daytime Telephone Number				
STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section				
Registration Section Registration Section  Division of Corporations Division of Corporations				
Clifton Building P.O. Box 6327				
2661 Executive Center Circle Tallahassee, Florida 32314				
Tallahassee, Florida 32301				
Enclosed is a check for the following amount:				
□ \$25 Filing Fee  □ \$30 Filing Fee & □ \$60 Filing Fee,				
Certificate of Status Certified Copy Certificate of Status & Certified Copy				

CR2E055 (12/14)

15 HAR 25 PM 3: 49

### 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)

	M1100006003
2. The Florida document number of t	this limited liability company is: M1100006093
3. Jurisdiction of its organization: $N$	North Carolina
4. Date authorized to do business in	Florida: 12/05/2011
SECTION II (5-9 complete only the	e applicable changes)
5. New name of the limited liability	company: Healthtique Group Management, LLC
y	(must contain "Limited Liability Company, " "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopte consent of the managers or managing members ac Company," "L.L.C." or "LLC.")	ed for the purpose of transacting business in Florida and attach a copy of the written dopting the alternate name. The alternate name must contain "Limited Liability
the new registered agent and/or the no	nd/or registered office address on our records, enter the name of ew registered office address here:
Name of New Registered Agent:	**************************************
New Registered Office Address:	
New Registered Office Address:	Enter Florida Street Address
New Registered Office Address:	, Florida
comply with the provisions of all state duties, and I am familiar with and ac provided for in Chapter 605, F.S. Or,	, Florida

itle/ Capacity	Name	Address	Type of Action
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aforementioned a		han 90 days old, evidencing the ated by the official having custo being an ized.	

Filing Fee: \$25.00

Typed or printed name of signee



## NORTH CAROLINA Department of the Secretary of State

#### **CERTIFICATE OF EXISTENCE**

(Long Form)

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

#### HEALTHTIQUE GROUP MANAGEMENT, LLC

a limited liability company duly created, organized, and existing under the laws of the State of North Carolina, having been organized on the 22nd day of April, 2005, with its period of duration being Perpetual, under the name GHI Holdings of Grifton, LLC and that the following documents have been filed since that date:

<u>Date</u>	<u>Event</u>	Filed Document
4/22/2005	Creation Filing	Articles of Organization Limited Liability
11/20/2007	Name Change	Corporation Name Change (Domestic)
1/11/2008	Annual Report	Annual Report LLC
1/23/2008	Annual Report	Annual Report LLC
4/17/2008	Annual Report	Annual Report LLC
8/26/2010	Destruction Filing	ADM Dissolution
12/6/2010	Annual Report	Annual Report LLC
12/10/2010	Reinstatement	ADM Reinstatement LLC
2/1/2012	Name Change	Corporation Name Change (Domestic)
2/13/2012	Annual Report	Annual Report LLC
2/27/2012	Annual Report	Annual Report LLC
4/10/2013	Annual Report	Annual Report LLC
4/4/2014	Annual Report	Annual Report LLC
3/23/2015	Annual Report	Annual Report LLC





Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 25th day of March, 2015.

Elaine J. Marshall

Secretary of State

I, FURTHER certify that no record is found of other Limited Liability Company documents having been filed since the 23rd day of March, 2015

I, FURTHER certify that the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act; that its most recent annual report required by G.S. 55-16-22 has been delivered to the Secretary of State; and that the said company has not filed articles of dissolution as of the date of this certificate.





Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 25th day of March, 2015.

Elaine J. Marshall

Secretary of State

State of North Carolina
Department of the Secretary of State

SOSID: 0778839
Date Filed: 2/1/2012 8:57:00 AM
Elaine F. Marshall
North Carolina Secretary of State
C201201700635

### Limited Liability Company AMENDMENT OF ARTICLES OF ORGANIZATION

Pursuant to §57C-2-22 of the General Statutes of North Carolina, the undersigned limited liability company hereby submits the

1. The name of the limited liability company is: CNH, LLC

2. The text of each amendment adopted is as follows (attach additional pages if necessary):
1) Name change from CNH, LLC to Healthtique Group Management, LLC

2) Office address change from 1270 25th PL SE, Hickory, NC 28602 to 46 3rd Street NW, Hickory, NC 28601

3) Mailing address change from 1270 25th PL SE, Hickory, NC 28602 to P.O. Box 9268, Hickory, NC 28603

3. (Check either a or b, whichever is applicable)

a. \_\_\_\_ The amendment(s) was (were) duly adopted by the unanimous vote of the organizers of the limited liability company prior to the identification of initial members of the limited liability company.

b. ✓ The amendment(s) was (were) duly adopted by the unanimous vote of the members of the limited liability company or was (were) adopted as otherwise provided in the limited liability company's Articles of Organization or a written operating agreement.

CNH, LLC

Name of Limited Liability Company

Signatyre

Michael Jones, Manager

Type or Print Name and Title

NOTES:

4,

Filing fee is \$50. This document must be filed with the Secretary of State.

This the 26 day of JANUARY , 20/2.

These articles will be effective upon filing, unless a date and/or time is specified: