

9/19/2017

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000245872 3)))



H170002458723ABC3

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (512)418-6949
Fax Number : (954)208-0845

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
PARALLON TECHNOLOGY SOLUTIONS, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

SEP 20 2017

Y SULKER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Parallon Technology Solutions, 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:

Ceci Estill

Name of Person

c/o PTS Solutions, LLC

Firm/Company

One Park Plaza - Legal Dept.

Address

Nashville, TN 37203

City/State and Zip Code

shirley.schart@hcahealthcare.com

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

For further information concerning this matter, please call:

Ceci Estill

at (615)

344-2994

Name of Person

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

CR21055 (9/15)

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: Parallon Technology Solutions, 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)

2. The Florida document number of this limited liability company is: M11000006306

3. Jurisdiction of its organization: Tennessee

4. Date authorized to do business in Florida: 12/16/2011

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

5. New name of the limited liability company: PTE Solutions, 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:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove

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.

Natalie H. Cline

Signature of the authorized representative

Natalie H. Cline

Typed or printed name of signee

Filing Fee: \$25.00



Tre Hargett
Secretary of State

Division of Business Services
Department of State
State of Tennessee
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

PTS Solutions, LLC
LEGAL DEPT.
1 PARK PLZ
NASHVILLE, TN 37203-6527

September 14, 2017

Filing Acknowledgment

Please review the filing information below and notify our office immediately of any discrepancies.

Control # : 669563 Status: Active
Filing Type: Limited Liability Company - Domestic

Document Receipt

Receipt # : 003575782	Filing Fee:	\$20.00
Payment-Check/MO - CFS-1, NASHVILLE, TN		\$20.00

Amendment Type: Articles of Amendment
Filed Date: 09/14/2017 11:07 AM

Image # : B0413-8009

This will acknowledge the filing of the attached articles of amendment with an effective date as indicated above. When corresponding with this office or submitting documents for filing, please refer to the control number given above.


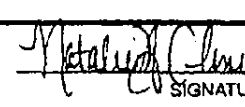
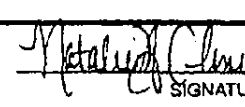
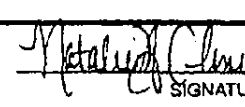
You must also file this document in the office of the Register of Deeds in the county where the entity has its principal office if such principal office is in Tennessee.

Tre Hargett
Secretary of State

Processed By: Tammy Morris

Field Name	Changed From	Changed To
Filing Name	Parallon Technology Solutions, LLC	PTS Solutions, LLC

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<p style="text-align: center;">State of Tennessee</p> <p style="text-align: center;"></p> <p style="text-align: center;">Department of State Corporate Filings 312 Rosa L. Parks Ave. 6th Floor, William R. Snodgrass Tower Nashville, TN 37243</p> <p style="text-align: center;">ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION (LLC)</p>	<p style="text-align: center; font-size: small;">For Office Use Only</p> <p style="text-align: center; font-size: 2em; font-weight: bold;">FILED</p>		
<p>LIMITED LIABILITY COMPANY CONTROL NUMBER (IF KNOWN) <u>669563</u></p> <p>PURSUANT TO THE PROVISIONS OF §48-209-104 OF THE TENNESSEE LIMITED LIABILITY COMPANY ACT OR §48-249-204 OF THE TENNESSEE REVISED LIMITED LIABILITY COMPANY ACT, THE UNDERSIGNED ADOPTS THE FOLLOWING ARTICLES OF AMENDMENT TO ITS ARTICLES OF ORGANIZATION:</p>			
<p>PLEASE MARK THE BLOCK THAT APPLIES:</p> <p><input checked="" type="checkbox"/> AMENDMENT IS TO BE EFFECTIVE WHEN FILED BY THE SECRETARY OF STATE.</p> <p><input type="checkbox"/> AMENDMENT IS TO BE EFFECTIVE _____ (DATE) _____ (TIME).</p> <p>(NOT TO BE LATER THAN THE 90TH DAY AFTER THE DATE THIS DOCUMENT IS FILED.) IF NEITHER BLOCK IS CHECKED, THE AMENDMENT WILL BE EFFECTIVE AT THE TIME OF FILING.</p>			
<p>1. PLEASE INSERT THE NAME OF THE LIMITED LIABILITY COMPANY AS IT APPEARS ON RECORD. <u>Parallon Technology Solutions, LLC</u></p> <p>IF CHANGING THE NAME, INSERT THE NEW NAME ON THE LINE BELOW:</p> <p style="text-align: center;"><u>PTS Solutions, LLC</u></p>			
<p>2. PLEASE INSERT ANY CHANGES THAT APPLY:</p> <p>A. PRINCIPAL ADDRESS: _____ STREET ADDRESS _____</p> <p style="text-align: center;">CITY STATE/COUNTY ZIP CODE</p> <p>B. REGISTERED AGENT: _____</p> <p>C. REGISTERED ADDRESS: _____ STREET _____</p> <p style="text-align: center;">CITY TN STATE ZIP CODE COUNTY</p> <p>D. OTHER CHANGES: _____</p>			
<p>3. THE AMENDMENT WAS DULY ADOPTED ON <u>September 13</u> <u>2017</u></p> <p style="text-align: center;">MONTH DAY YEAR</p> <p>(If the amendment is filed pursuant to the provision of §48-209-104 of the TN LLC Act, please also complete the following by checking one of the two boxes:) AND THE AMENDMENT WAS DULY ADOPTED BY THE</p> <p><input type="checkbox"/> BOARD OF GOVERNORS WITHOUT MEMBER APPROVAL AS SUCH WAS NOT REQUIRED</p> <p><input checked="" type="checkbox"/> MEMBERS</p>			
<table style="width: 100%;"> <tr> <td style="width: 50%;"> <p>Authorized Person _____</p> <p>SIGNER'S CAPACITY _____</p> </td> <td style="width: 50%; text-align: center;"> <p></p> <p>SIGNATURE</p> <p><u>Natalie H. Cline</u></p> <p>NAME OF SIGNER (TYPED OR PRINTED)</p> </td> </tr> </table>		<p>Authorized Person _____</p> <p>SIGNER'S CAPACITY _____</p>	<p></p> <p>SIGNATURE</p> <p><u>Natalie H. Cline</u></p> <p>NAME OF SIGNER (TYPED OR PRINTED)</p>
<p>Authorized Person _____</p> <p>SIGNER'S CAPACITY _____</p>	<p></p> <p>SIGNATURE</p> <p><u>Natalie H. Cline</u></p> <p>NAME OF SIGNER (TYPED OR PRINTED)</p>		
<p>SS-4247 (REV. 01/06) Filing Fee: \$20.00 RDA 2458</p>			

56413-0888 09/14/2017 11:07 AM Received by Tennessee Secretary of State Tina Hixson