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B. KOHR
JUL 24 2012
EXAMINER

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:	Ameril	l eal	hcare	e, L	.LC	
	Name of Foreig					pany
Dear Sir or Madam:						•
The enclosed application, co	ertificate and fee(s)	are su	bmitted	for	filing.	
Please return all correspond	ence concerning thi	s matt	er to the	e fo	llowing	:
Rand	i Haluptzok			_		
Nam	e of Person			_		
c/o Homelan	d HealthCare, Inc	o .				
Firm	/Company					
825 Mark	et St., Ste. 300			_		
,	Address					
	, TX 7 5013			_		
City	State and Zip Code	:				
	@homelandhealt					
E-mail address: (to be use	d for future annual	report	notific	atio	n)	
For further information cond	erning this matter,	please	call:			
Randi Halup	tzok	at (469)		324-5213
Name of Per	son	A	rea Cod	e &	Daytin	ne Telephone Number
STREET/COURIE	R ADDRESS:				MAIL	ING ADDRESS:
Registration Section					-	ation Section
Division of Corpora	tions					n of Corporations
Clifton Building 2661 Executive Cen	ton Cinala					ox 6327
Tallahassee, Florida					Tallana	issee, Florida 32314
Enclosed is a check for the	following amount	:				
	0 Filing Fee &		55 Fili	ng F	ee &	
	ertificate of Status		Certified	_		Certificate of Status &

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)

. Name of limited liability company as it appears on the records of the Florida Department of State: AmeriHealthcare, LLC Jurisdiction of its organization: Delaware
. Jurisdiction of its organization: Delaware
. Date authorized to do business in Florida: February 27, 2012
SECTION II (4-7 complete only the applicable changes)
. If the amendment changes the name of the limited liability company, when was the change effected under the laws of its jurisdiction of organization? June 6, 2012
. New name of the limited liability company: GuidePointe Solutions, 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 lorida and attach a copy of the written consent of the managers or managing members adopting ne alternate name. The alternate name must end with "Limited Liability Company," "L.L.C." r "LLC.")
. If the amendment changes the period of duration, indicate new period of duration:
. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:
. If the amendment corrects any false statement, indicate the statement being corrected and the correction:
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
Reba J. Leonard, Vice President

Filing Fee: \$25.00

Typed or printed name of signee

PAGE 1



State of Belaware

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SECRETARY OF STATE DIVISION OF CORPORATIONS P.O. BOX 898 DOVER, DELAWARE 19903

9876647 HOMELAND HEALTHCARE, INC. 825 MARKET STREET, STE. 300 ALLEN TX 06-06-2012

ATTN: RANDI HALUPTZOK X

DESCRIPTION	THUOMA
GUIDEPOINTE SOLUTIONS, LLC	
4986123 0240 Amendment; Domestic	
Amendment Fee	180.00
Court Municipality Fee, Wilm.	20.00
Expedite Fee, 24 Hour	100.00
FILING TOTAL	300.00
TOTAL PAYMENTS	300.00
SERVICE REQUEST BALANCE	.00

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State of Delaware Secretary of State Division of Corporations Delivered 04:47 PM 06/06/2012 FILED 04:47 PM 06/06/2012 SRV 120711130 - 4986123 FILE

STATE OF DELAWARE CERTIFICATE OF AMENDMENT

Name of Limited Liability Company:	AMERIHEALTHCARE, LLC
The Certificate of Formation of the limit as follows:	ed liability company is hereby amend
The name of the limited of the changed to:	liability company is
GUIDEPOINTE SO	LUTIONS, LLC
IN WITNESS WHEREOF, the undersi	gned have executed this Certificate or
he 3 day of May	, A.D. 2012 .
Ву	Relia General Kuthorized Person(s)
Name	Reba J. Leonard, Secreta
· · ·	Print or Type