

MI1000002662

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

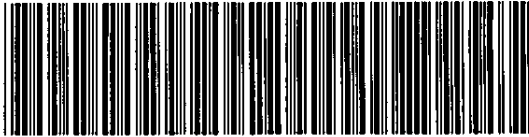
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
16 JUN 23 PM 4:00  
RECEIVED  
16 JUN 23 AM 11:07

JUN 24 2016  
S. YOUNG

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

ACCOUNT NO. : I20000000195  
REFERENCE : 189739 7928165  
AUTHORIZATION : *[Signature]*  
COST LIMIT : \$25.00

ORDER DATE : June 22, 2016  
ORDER TIME : 4:25 PM  
ORDER NO. : 189739-010  
CUSTOMER NO: 7928165

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
15 JUN 23 PM 4:00

FOREIGN FILINGS

NAME: GRANDMARC RMA, LLC

CORPORATE  
 LIMITED PARTNERSHIP  
 LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY  
 PLAIN STAMPED COPY  
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER: \_\_\_\_\_

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** GrandMarc RMA, 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:

Kimberly Ruggiero  
Name of Person

Health Care Navigator, LLC  
Firm/Company

4 West Red Oak Lane, Suite 201  
Address

White Plains, NY 10604  
City/State and Zip Code

KRuggiero@hcnavigator.net  
E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
16 JUN 23 PM 4:00

For further information concerning this matter, please call:

Kimberly Ruggiero at ( 914 ) 390-4325  
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

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: GrandMarc RMA, LLC

Enter new principal office address, if applicable: 4 West Red Oak Lane, Suite 201

(Principal office address  
MUST BE A STREET ADDRESS) White Plains, NY 10604

Enter new mailing address, if applicable: 4 West Red Oak Lane, Suite 201

(Mailing address  
MAY BE A POST OFFICE BOX) White Plains, NY 10604

2. The Florida document number of this limited liability company is: M14000002662

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 04/18/2014

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

5. New name of the limited liability company: \_\_\_\_\_  
(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: CORPORATION SERVICE COMPANY

New Registered Office Address: 1201 HAYS STREET

*Enter Florida Street Address*

TALLAHASSEE, Florida 32301-2525  
*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.*



Courtney Williams  
Asst. Vice President

If Changing Registered Agent, Signature of New Registered Agent

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TALLAHASSEE, FLORIDA  
16 JUN 23 PM 4: 00

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

\_\_\_\_\_

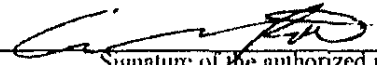
8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

**Change of Manager**

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>River Manor Associates LP</u>	<u>600 Central Avenue, Suite 365</u>	<input type="checkbox"/> Add
		<u>Highland Park, IL 60035-3257</u>	<input checked="" type="checkbox"/> Remove
<u>MGR</u>	<u>Health Care Navigator, LLC</u>	<u>4 West Red Oak Lane, Suite 201</u>	<input checked="" type="checkbox"/> Add
		<u>White Plains, NY 10604</u>	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

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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

Eric Both  
Typed or printed name of signee

Filing Fee: \$25.00