(Re	equestor's Name)				
(Address)					
(Ac	ddress)				
(Ci	ty/State/Zip/Phon	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificate	s of Status			
Special Instructions to Filing Officer:					
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Office Use Only



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Y CHI KER

July 14, 2016

Department of State, Florida Clifton Building 2611 Executive Center Circle Tallahassee FL 32301

Re:

Order #: 10087152 SO

Customer Reférence 1: No

None Given

Customer Reference 2: None Given

Dear Department of State, Florida:

Please obtain the following:

JH Commercial & Medical Recoveries, LLC (CA)

Evidence of Amendment

Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092.

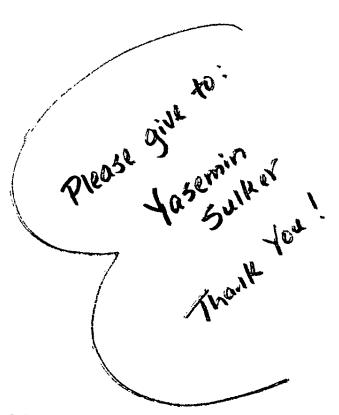
Thank you very much for your help.

Sincerely,

Corinie R Bryan 205-8842

Senior Fulfillment Specialist

Connie.Bryan@woite:skluwer.com





FLORIDA DEPARTMENT OF STATE Division of Corporations

June 10, 2016

BRENDA TIRREL ***2ND MAILING 5212 S WESTWIND AVE SIOUX FALLS, SD 57108

SUBJECT: JH COMMERCIAL & MEDICAL RECOVERIES, LLC

Ref. Number: M15000007626

We have received your document for JH COMMERCIAL & MEDICAL RECOVERIES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yasemin Y Sulker Regulatory Specialist II

Letter Number: 516A00008965

COVER LETTER

TO: Registration Section **Division of Corporations** JH Commercial & Medical Recoveries, 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: Brenda Tirrel Name of Person Firm/Company 5212 S Westwind Ave Address Sioux Falls, SD 57108 City/State and Zip Code btirrel@izservices.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ,670-6312 Brenda Tirrel Name of Person Area Code & Daytime Telephone Number STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 266! Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 Enclosed is a check for the following amount: \$25 Filing Fee \$30 Filing Fee & \$55 Filing Fee & \$60 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy

CR2E055 (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)

Name of limited liability Company as it appears on the records of the Florida Department of State: JH Commercial & Medical Recoveries, 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: M15000007626
3. Jurisdiction of its organization: California
4. Date authorized to do business in Florida: 09/23/2015
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.")
(must contain Elimited Elability Company, E.E.C., of Elec.)
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attachaecopy of the written consent of the managers or managing members adopting the alternate name. The alternate name music 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 occept 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 locumen, 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.

le/ Capacity	<u>Name</u>	Address	Type of Action
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forementioned ame	cate, if required: no more than 90 endment(s), duly authenticated by le law of which this entity is orta	the official having custody of records in the	

Filing Fee: \$25.00

Amendment to Articles of Organization LLC-2 of a Limited Liability Company (LLC) To change information of record for your California LLC, you can fill out this form, and submit for filing along with: - A \$30 filing fep. - A separate, non refundable \$15 service fee elso must be included, if you drep off the completed form. - To file this form, the status of your LLC must be active on the records of the California Secretary of State, or if suspended, this form can only be filed to list a new LLC name. To check the status of the LLC, go to kepler.sos.ca.gov. Importanti To change the LLC addresses, or to change the name or address of the LLC's agent for service of process, you must file a Statement of Information (Form LLC-12). To get Form LLC-12, go to

Secretary of State State of California APR 13 2016

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www.sos.ca.gov/business/bs/statements.htm.		100			
Items 4-6: Only fill out the information that is char pages if you need more space or need to include an	This Space For Office Use Only				
For questions about this form, go to www.sos.ca.gov/business/be/filing-lips.htm.					
D LLC's Exact Name (on file with CA Secretary of State)		LLC File No. (Issued by CA Secretary of State)			
JH Commercial & Medical Recoveries, LLC		201122110007			
Purpose					
The purpose of the limited liability company is company may be organized under the Californ					
New LLC Name (List the proposed LLC name exactly as it (a) Remnant Capital LLC	is to appear on the records of	the California Secretary of State.)			
Proposed LLC Numu The proposed new name must include: LLC, LLC., Limited Liability Company, Limited Liability Co., Ltd. Liability Company; and may not include: benk, trust, trustee, incorporated, inc., corporation, or corp., insurer, or historical company.					
Management (Check only one.)					
The LLC will be managed by: One Manager	Manager Ali Li	mited Liability Company Member(s)			
Amondment to Toxt of the Articles of Organization	ixed Internet and Alced Intil) Inc	L, and the text ex amended by this (liing.)			
Read and sign below: Unless a greater number is provided for in the Articles of Organization, this form must be signed by at local one manager, if the LLC is manager-managed or at least one member, if the LLC is member-managed. If the signing manager or member is a trust or another entity, go to www.sos.ca.gov/businsss/be/filling-tips.him for more information. If you need more space, attach extra pages that are 1-alged and on standard letter-sized paper (8 1/2" x 11"). All attachments are part of this document.					
· ATT	Douglas C. Jacobsen	Manager			
Stop help	Print your name	here Your business title			
Make crieck/noney order payable to: Socretary of State	By Mall				
Upon filing, we will return one (1) uncertified copy of your filed document for free, and will certify the copy upon request and payment of a \$5 certification fee.	Secretary of S Business Entities, P.O Secremento, CA 9), Box 944228 1500 11th Street, 3rd Floor			

Corporations Gode \$5 1/701.08, 17/02.02, 17713.10 -LLC-2 (HEV 01/7014)

2014 California Secretary of Stats DEPRESENTATION SET SOC. NAME

I hereby certify that the foregoing transcript of _______ page(s) is a full, true and correct copy of the original record in the custody of the California Secretary of State's office.

DÚ

APR 2 2 2016

Date:___

Ole Zoll

ALEX PADILLA, Secretary of State