

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : HARVARD BUSINESS SERVICES, INC.
Account Number : I20090000045
Phone : (302)645-7400
Fax Number : (302)645-1290

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

Email Address: ASHISH@VBROGROUP.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CENTRIX CONSULTING & INVESTMENT, LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$30.00

K. SALY

AUG 31 2018

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**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: CENTRIX CONSULTING & INVESTMENT, 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: M17000001647

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 02/24/2017

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

5. New name of the limited liability company: ALIVIA CARE, 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

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FILED
18 AUG 30 AM 8:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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)(c), indicate that change:

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

Signature of the authorized representative

Ashish Kapadia

Typed or printed name of signer

Filing Fee: \$25.00

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18 AUG 30 AM 8:33
CLERK OF COURT
JUDICIAL CIRCUIT IN
FLORIDA

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Delaware

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Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "CENTRIX CONSULTING & INVESTMENT, LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "ALIVIAR CARE, LLC" ON THE TWENTY-SEVENTH DAY OF AUGUST, A.D. 2018, AT 5:02 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR REVOKED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ALIVIAR CARE, LLC" WAS FORMED ON THE FOURTEENTH DAY OF FEBRUARY, A.D. 2017.

FILED
18 AUG 30 AM 8:37
STATE OF DELAWARE
TALLAHASSEE, FLORIDA




Jeffrey W. Bullock, Secretary of State

6316655 8320
SR# 20186420240

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203335288
Date: 08-29-18

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