

M9800000330  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850) 617-6383  
From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (614) 280-3338  
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: \_\_\_\_\_

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
CATHOLIC HEALTHCARE AUDIT NETWORK, LLC

Certificate of Status	0
Certified Copy	1
Page Count	08
Estimated Charge	\$55.00

RECEIVED

JUN 01 2018

Electronic Filing Menu

Corporate Filing Menu

Help

### 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: Catholic Healthcare Audit Network, L.L.C.

Enter new principal office address, if applicable: 231 South Bemiston Avenue, Suite 300

Clayton, MO 63105  
*(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: M98000000330

3. Jurisdiction of its organization: Missouri

4. Date authorized to do business in Florida: 04/08/1988

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

5. New name of the limited liability company: Crowe Healthcare Risk Consulting 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



# STATE OF MISSOURI



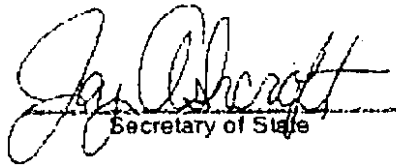
**John R. Ashcroft**  
**Secretary of State**

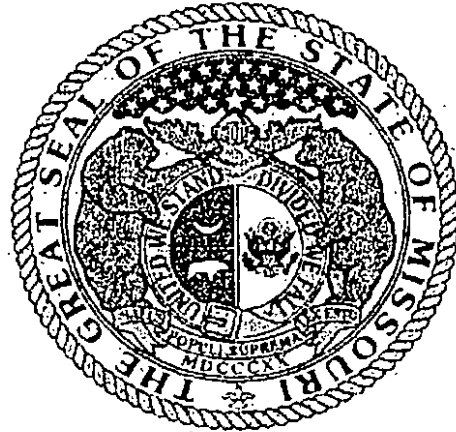
CORPORATION DIVISION  
CERTIFICATE OF CORPORATE RECORDS

*Crowe Healthcare Risk Consulting LLC*  
*LC0013015*

I, JOHN R. ASHCROFT, Secretary of State of the State of Missouri and Keeper of the Great Seal thereof, do hereby certify that the annexed pages contain a full, true and complete copy of the original documents on file and of record in this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 31st day of May, 2018.

  
Secretary of State



Certification Number: CERT-05312018-0083

**LC0013015**  
**Date Filed: 5/25/2018**  
**John R. Ashcroft**  
**Missouri Secretary of State**



**State of Missouri**  
John R. Ashcroft, Secretary of State

Corporations Division  
PO Box 778 / 600 W. Main St., Rm. 322  
Jefferson City, MO 65102

**Amendment of Articles of Organization**  
*(Submit with filing fee of \$25.00)*

Charter #: LC0013015

- 1. The current name of the limited liability company is: Catholic Healthcare Audit Network, L.L.C.
- 2. The effective date of this document is the date it is filed by the Secretary of State of Missouri unless a future date is otherwise indicated: \_\_\_\_\_  
*(Date may not be more than 90 days after the filing date in this Office)*
- 3. State date of occurrence that required this amendment: 05/23/2018  
*Month/Day/Year*

- 4. The articles of organization are hereby amended as follows:
  - 1. The name of the limited liability company is Crowe Healthcare Risk Consulting LLC.

- 5. (Check if applicable) This amendment is required to be filed because:
  - management of the limited liability company is vested in one or more managers where management had not been so previously vested.
  - management of the limited liability company is no longer vested in one or more managers where management was previously so vested.
  - a change in the name of the limited liability company.
  - a change in the time set forth in the articles of organization for the limited liability company to dissolve.
  - adding a series under section 347.039 RSMo. (Form LLC 1A must be attached.)

- 6. This amendment is (check either or both):
  - authorized under the operating agreement
  - required to be filed under the provisions of RSMo Chapter 347

*(Please see next page)*

Name and address to return filed document:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, and Zip Code: \_\_\_\_\_

ORI-05292018-0238 State of Missouri

No of Pages 2 Pages

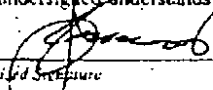


Amend/Restate - LLC/LP/LLP/LLLP

LLC-12 (01/2017)

In Affirmation thereof, the facts stated above are true and correct:

(The undersigned understands that false statements made in this filing are subject to the penalties provided under Section 575.040, RSMo)

 \_\_\_\_\_ *James L. Powers* \_\_\_\_\_ *5/25/2018*  
*Authorized Signature* *Printed Name* *Date*

\_\_\_\_\_  
*Authorized Signature* *Printed Name* *Date*

\_\_\_\_\_  
*Authorized Signature* *Printed Name* *Date*

# STATE OF MISSOURI



**John R. Ashcroft**  
Secretary of State

## CERTIFICATE OF AMENDED ARTICLES OF ORGANIZATION

WHEREAS,

*Crowe Healthcare Risk Consulting LLC*  
*LC0013015*

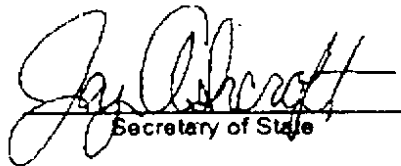
FORMERLY,

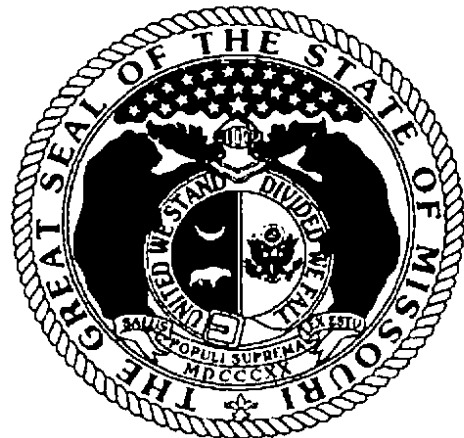
*CATHOLIC HEALTHCARE AUDIT NETWORK, L.L.C.*

filed its amended Articles of Organization with this office and WHEREAS that filing was found to conform to the Missouri Limited Liability Company Act:

NOW, THEREFORE, I, JOHN R. ASHCROFT, Secretary of State of the State of Missouri, by virtue of authority vested in me by law do hereby certify and declare that the above entity's Articles of Organization are amended.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 25th day of May, 2018.

  
Secretary of State



# STATE OF MISSOURI



**John R. Ashcroft**  
Secretary of State

## CERTIFICATE OF AMENDED ARTICLES OF ORGANIZATION

WHEREAS,

*Crowe Healthcare Risk Consulting LLC*  
*LC0013015*

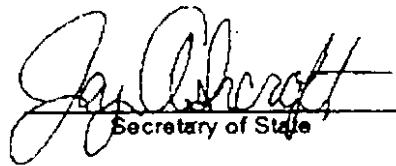
FORMERLY,

*CATHOLIC HEALTHCARE AUDIT NETWORK, L.L.C.*

filed its amended Articles of Organization with this office and WHEREAS that filing was found to conform to the Missouri Limited Liability Company Act;

NOW, THEREFORE, I, JOHN R. ASHCROFT, Secretary of State of the State of Missouri, by virtue of authority vested in me by law do hereby certify and declare that the above entity's Articles of Organization are amended.

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Secretary of State

