



DATE: 07/18/2011	DOCUMENT ID 201119600707	DESCRIPTION AMEND/ARTICLES-ORGANIZATION/DOM. LLC (LAM)	FILING 50.00	EXPED .00	PENALTY	CERT .00	COPY .00
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Receipt

This is not a bill. Please do not remit payment.

DWIGHT I HURD CO LPA
4235 WESTLETON CT
COLUMBUS, OH 43221-4930

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted**1863776**

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

ALLIANCE HEALTHCARE PARTNERS LLC

and, that said business records show the filing and recording of:

Document(s)
AMEND/ARTICLES-ORGANIZATION/DOM. LLC

Document No(s):
201119600707



United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of
the Secretary of State at Columbus,
Ohio this 14th day of July, A.D.
2011.

Ohio Secretary of State

**Prescribed by:**

The Ohio Secretary of State
 Central Ohio: (614) 466-3910
 Toll Free: 1-877-SOS-FILE (1-877-767-3453)

www.sos.state.oh.us

e-mail: busserv@sos.state.oh.us

Expedite this Form: (Select One)	
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☐ Expedite	PO Box 1390 Columbus, OH 43216
*** Requires an additional fee of \$100 ***	
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**Domestic Limited Liability Company Certificate of
 Amendment or Restatement
 Filing Fee \$50.00**

(CHECK ONLY ONE (1) BOX)

(1) Domestic Limited Liability Company ☒ Amendment (129-LAM) <u>07/23/2009</u> Date of Formation	(2) Domestic Limited Liability Company ☐ Restatement (142-LRA) Date of Formation
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The undersigned authorized representative of:

Lyons Home Health Care, LLC

Name of limited liability company

1863776

Registration number

If box (1) Amendment is checked, only complete sections that apply. If box (2) Restatement is checked, all sections below must be completed.

The name of said limited liability company shall be:

Alliance Healthcare Partners LLC

Name must include one of the following words or abbreviations: "limited liability company," "limited," "LLC," "L.L.C.," "Ltd." or "Inc."

This limited liability company shall exist for a period of:

Period of Existence

Purpose

☐ Check here if additional provisions are attached

RECEIVED
 SECRETARY OF STATE
 2011 JUL 14 AM 9:07
 CLIENT SERVICE CENTER

REQUIRED
Must be (signed) by a
member, manager or
other representative.



Signature

July 13, 2011

Date

Hale Harmon

Print Name

Signature

Date

Print Name

Signature

Date

Print Name