

B 22000000154

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

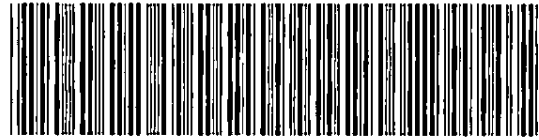
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2022 JUN 24 PM 3:31

2022 JUN 24 AM 11:35

STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL

6/27/2022

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

ACCOUNT NO. : I20000000195
REFERENCE : 697262 8369000
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 52.50

ORDER DATE : May 20, 2022
ORDER TIME : 2:02 PM
ORDER NO. : 697262-460
CUSTOMER NO: 8369000

FOREIGN FILINGS

NAME: NWI BEACH HOUSE CENTER FOR
RECOVERY LP

 CORPORATE
XX LIMITED PARTNERSHIP
 LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT#

EXAMINER: _____

FILED

AMENDMENT TO CERTIFICATE OF AUTHORITY
FOR
FOREIGN LIMITED PARTNERSHIP OR
LIMITED LIABILITY LIMITED PARTNERSHIP

2022 JUN 24 AM 11:35

SECRETARY OF STATE
TALLahassee, FL

1. The name of the limited partnership or limited liability limited partnership as it appears on the records of the Florida Department of State is:
NWI Beach House Center For Recovery LP

2. Document Number of Foreign Limited Partnership or Limited Liability Limited Partnership: B22000000154

2. The jurisdiction of its formation is: Delaware

3. The date the entity was authorized to transact business in Florida is: 03/31/2022

4. If the amendment changes the name of the limited partnership or limited liability limited partnership, enter the new name:
NWI Juno Beach Hospital LP

Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.

Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.

(If name unavailable in Florida, enter alternate name adopted for the purpose of transacting business in Florida.)

5. If the amendment changes the general partner(s), list the name and business address of each general partner:
Name: Business Address:

NWI Juno Beach Hospital GP LLC 112. S. French Street, Suite 105-NWI Add
Wilmington, DE 19801 Remove
 Change

_____ _____ Add
 Remove
 Change

_____ _____ Add
 Remove
 Change

_____ _____ Add
 Remove
 Change

_____ _____ Add
 Remove
 Change

_____ _____ Add
 Remove
 Change

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

7. If the amendment corrects any false statement listed in the application, indicate the statement being corrected and the correction:

The principal and mailing addresses have been amended to 112. S. French Street,

Suite 105-NWI, Wilmington, DE 19801

8. If the amendment is to add or delete an election to be a limited liability limited partnership statement, check the appropriate box:

The entity elects to be a limited liability limited partnership.

The entity is no longer a limited liability limited partnership.

9. Attached is an original certificate, no more than 90 days olds, 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.

10. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Signature of a general partner:



Typed or printed name:

Darryl Smith, Manager of NWI US Hospital REIT LLC, the member manager of NWI US Hospital Holdco LLC, as general partner of NWI US Hospital Holdings LP, the member manager of NWI Juno Beach Hospital GP LLC, its General Partner

Filing Fee: \$52.50
Certified Copy (optional): \$52.50
Certificate of Status (optional): \$8.75

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "NWI BEACH HOUSE CENTER FOR RECOVERY LP", CHANGING ITS NAME FROM "NWI BEACH HOUSE CENTER FOR RECOVERY LP" TO "NWI JUNO BEACH HOSPITAL LP", FILED IN THIS OFFICE ON THE FIRST DAY OF JUNE, A.D. 2022, AT 5:36 O'CLOCK P.M.




Jeffrey W. Bullock, Secretary of State

6658543 8100
SR# 20222584269

Authentication: 203632059
Date: 06-08-22

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

**STATE OF DELAWARE
AMENDMENT TO THE CERTIFICATE OF
LIMITED PARTNERSHIP**

The undersigned, desiring to amend the Certificate of Limited Partnership pursuant to the provisions of Section 17-202 of the Revised Uniform Limited Partnership Act of the State of Delaware, does hereby certify as follows:

FIRST: The name of the Limited Partnership is _____
NWI BEACH HOUSE CENTER FOR RECOVERY LP

SECOND: Article 1 & 3 of the Certificate of Limited Partnership shall be amended as follows:

First: The name of the limited partnership is NWI Juno Beach Hospital LP. Third: The name and mailing address of the general partner is NWI Juno Beach Hospital GP LLC ; 112. S. French Street, Suite 105-NWI, Wilmington, Delaware, 19801

IN WITNESS WHEREOF, the undersigned executed this Amendment to the Certificate of Limited Partnership on this 31st day of May, A.D. 2022.

By: NWI Juno Beach Hospital GP LLC
General Partner(s)

Name: /s/ Darryl Smith
Authorized Person