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Account Number : 110432003053 Phone : (561)694-8107 : (561)214-8442 Fax Number

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGNED ARBORETA HEALTH AND REHABILITATION CENTERS, LEG

Certificate of Status	0
Certified Copy	0
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T. LEMIEUX

JUN 22 2022

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ARBORETA HEALTH AND REHABILITATION C	ENTERS, LLC		
(Name of the Limited Liability Compa (A Florida Limited E	ny as it now appears on our records.) Jability Company)		
The Articles of Organization for this Limited Liability Company Florida document number L12000019304  This amendment is submitted to amend the following:		and assigned	
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the al	obreviation "L.L.C."	-
Enter new principal offices address, if applicable:	inited Liability Company)  / Company were filed on 02/09/2012 and assigned  imited liability company here:  Limited Liability Company," the designation "LLC" or the abbreviation "LLC."  7439 Merchant Ct  Lakewood Ranch, FL 34240  7439 Merchant Ct  Lakewood Ranch, FL 34240  ered office address on our records, enter the name of the new registered res:  Enter Florida street address  Florida  City  Florida  City  Tip Code  Tip		
(Principal office address MUST BE A STREET ADDRESS)	Lakewood Ranch, FL 34240	<del> </del>	-
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	Lakewood Ranch, FL 34240	ne of the new registe	- - - <u>ered</u>
Name of New Registered Agent:			_
New Registered Office Address:		1777 18171 1817 1817 1817 1817 1817 181	
<del> </del>	,,,	- Zip Code	7
New Registered Agent's Signature, if changing Registered Agent	<u> :</u>		. 107.
- manifolous of all stantas relative to the proper and complete	e performance of my duties, and 1 am provided for in Chapter 605, F.S. Oi	Tuniaidi Wing and F Tiffhid document [s	السي

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	ASSISTED 4 LIVING, INC.	5115 EAST STATE ROAD 64	
		BRADENTON, FL 34208-5509	■ Remove
			□Change
MGRM	ARBORETA HEALTHCARE, INC.	7439 Merchant Ct	■Add
_		Lakewood Ranch, FL 34240	Remove
			Change
			□Add
			□Remove
			Change
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Effective date, if oth fan effective date is liste Note: If the date inser document's effective o	ted in this block does	s not meet the ap	ppiicable statutory	or more than 90 days a filing requirements.	ptional) ifter filing.) Pursuant to 6 this date will not be l	505 0207 isted as
e record specifies a del rd is filed.	ayed effective date, b	out not an effecti	ive time, at 12:01 a	.m. on the earlier of	: (b) The 90th day a	fter the
June 21		2022				
<u> </u>	alul		authorized represent			

Typed or printed name of signee

→ 18506176383