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Division of Corporations

L21000465272326le
Florida Department of State
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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
POST ACUTE CARE NETWORK LLC**

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

POST ACUTE CARE NETWORK LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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OFFICE OF THE
CLERK OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 02/09/2021 and assigned
Florida document number 1.21000053266.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

620 NE 125TH STREET

(Principal office address MUST BE A STREET ADDRESS)

MIAMI, FL 33161

Enter new mailing address, if applicable:

620 NE 125TH STREET

(Mailing address MAY BE A POST OFFICE BOX)

MIAMI, FL 33161

B. If amending the registered agent and/or registered office 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:

620 NE 125TH STREET

Enter Florida street address

MIAMI

City

Florida 33161

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.

/s/

If Changing Registered Agent, Signature of New Registered Agent

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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>	<u>Address</u>	<u>Type of Action</u>
AMBR	ZALMEN OBERLANDER	620 NE 125TH STREET	<input type="checkbox"/> Add
		MIAMI, FL 33161	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	DAVID SALZMAN	711 READS LANE	<input type="checkbox"/> Add
		FAR ROCKAWAY, NY 11691	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

[illegible]

E. 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.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated December 22, 2021

/s/ ZALMEN OBERLANDER

Signature of a member or authorized representative of a member

ZALMEN OBERLANDER

Typed or printed name of signee

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TALLAHASSEE, FLORIDA