

M22000004873

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

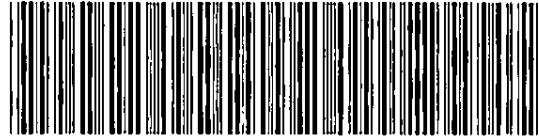
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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RECEIVED

2022 JUN 24 PM 3:31

OFFICE OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FORWARDED

2022 JUN 24 AM 10:50

STATE OF FLORIDA  
TALLAHASSEE, FL

Handwritten signature and date: 6/27/2022

FILE 1ST

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

ACCOUNT NO. : I20000000195  
REFERENCE : 697262 8369000  
AUTHORIZATION : *[Signature]*  
COST LIMIT : \$ 25.00

ORDER DATE : May 20, 2022  
ORDER TIME : 2:02 PM  
ORDER NO. : 697262-455  
CUSTOMER NO: 8369000

FOREIGN FILINGS

NAME: NWI BEACH HOUSE CENTER FOR  
RECOVERY GP LLC

CORPORATE  
 LIMITED PARTNERSHIP  
 LIMITED LIABILITY COMPANY

~~XXXX~~ AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY  
 PLAIN STAMPED COPY  
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT#

EXAMINER: \_\_\_\_\_

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA

FILED

2022 JUN 24 AM 10: 50

SECTION I (1-4 must be completed)

SEC. STATE  
TALL. STATE. FL

1. Name of limited liability Company as it appears on the records of the Florida Department of  
State: NWI Beach House Center For Recovery GP LLC

Enter new principal office address, if applicable: 112. S. French Street, Suite 105-NWI  
Wilmington, DE 19801  
**(Principal office address**  
**MUST BE A STREET ADDRESS)**

Enter new mailing address, if applicable: 112. S. French Street, Suite 105-NWI  
Wilmington, DE 19801  
**(Mailing address**  
**MAY BE A POST OFFICE BOX)**

2. The Florida document number of this limited liability company is: M22000004873

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 03/31/2022

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

5. New name of the limited liability company: NWI Juno Beach Hospital GP 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

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

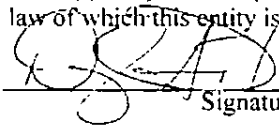
\_\_\_\_\_

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

\_\_\_\_\_

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, 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.

  
\_\_\_\_\_  
Signature of the authorized representative

Darryl E. Smith

\_\_\_\_\_  
Typed or printed name of signee

**Filing Fee: \$25.00**

# Delaware

The First State

Page 1

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 GP LLC", CHANGING ITS NAME FROM "NWI BEACH HOUSE CENTER FOR RECOVERY GP LLC" TO "NWI JUNO BEACH HOSPITAL GP LLC", FILED IN THIS OFFICE ON THE FIRST DAY OF JUNE, A.D. 2022, AT 5:17 O`CLOCK P.M.



  
Jeffrey W. Bullock, Secretary of State

6657978 8100  
SR# 20222582963

Authentication: 203632218  
Date: 06-08-22

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

**STATE OF DELAWARE  
CERTIFICATE OF AMENDMENT**

1. Name of Limited Liability Company: \_\_\_\_\_  
NWJ Beach House Center for Recovery GP LLC

2. The Certificate of Formation of the limited liability company is hereby amended as follows:

1.) The name of the limited liability company is:  
NWJ Juno Beach Hospital GP LLC

**IN WITNESS WHEREOF**, the undersigned have executed this Certificate on the 31st day of May, A.D. 2022.

By: /s/ Darryl Smith

Authorized Person(s)

Name: Darryl Smith

Print or Type