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Florida Department of State  
Division of Corporations  
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From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
SEBRING HEALTHCARE INVESTORS, LLC

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Corporate Filing Menu

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J. HARRIS



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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>
MGRM	John E. McMullan	1175 Peachtree Street NE, Ste. 350	<input type="checkbox"/> Add
		Atlanta, GA 30361	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	John E. McMullan	1175 Peachtree Street NE, Ste. 350	<input checked="" type="checkbox"/> Add
		Atlanta, GA 30361	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

Article IV - Management - of the Articles of Organization of Sebring Healthcare Investors, LLC, is hereby deleted  
and replaced by the following:

"IV - Management. The Limited Liability Company is to be managed by one manager or more managers,  
and is, therefore, a manager-managed company."

**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 July 1, 2016

  
Signature of a member or authorized representative of a member

John E. McMullan, Member

Typed or printed name of signer

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