

3/10/22, 8:33 AM

Division of Corporations

L09000112676

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : BURNS LAW OFFICES, P.A.
Account Number : 120140000036
Phone : (305)733-8223
Fax Number : (866)883-7019

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2022 MAR 10 PM 3:26

2022 MAR 10 PM 12:54
 DEPARTMENT OF STATE
 TALLAHASSEE, FLORIDA
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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
PALM BEACH NURSING CARE LLC**

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T. LEMIEUX

MAR 11 2022

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PALM BEACH NURSING CARE LLC

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

The Articles of Organization for this Limited Liability Company were filed on 11/23/2009 and assigned Florida document number 109000112676

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:

1700 N. DIXIE HWY, SUITE 148

(Principal office address MUST BE A STREET ADDRESS)

BOCA RATON, FL 33432

Enter new mailing address, if applicable:

1700 N. DIXIE HWY, SUITE 148

(Mailing address MAY BE A POST OFFICE BOX)

BOCA RATON, FL 33432

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:

ABDIEL DONOSO

New Registered Office Address:

1700 N. DIXIE HWY, SUITE 148

Enter Florida street address

BOCA RATON

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

Handwritten signature of Abdriel Donoso

FILED 2022 MAR 10 PM 12:55 SEAL OFFICE OF STATE CLERK OF FLORIDA

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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	MARTHA T. COSTON	1700 N. DIXIE HWY SUITE 148	<input type="checkbox"/> Add
		BOCA RATON, FL 33432	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	EMPIRE HEALTHCARE ACQUISITIONS CORP.	301 SW 1ST AVE	<input checked="" type="checkbox"/> Add
		APT 2823	<input type="checkbox"/> Remove
		FORT LAUDERDALE, FL 33301	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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