Division of Corporations Electronic Filing Cover Sheet

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ب دی ö Account Name : COHEN, NORRIS, WOLMER, RAY, TELEPMAN & COHEN

Account Number : I20020000140 Phone : (561)844-3600

Fax Number

; (561)842-4104

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: LRQ CohenNorTis, com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BEACHWAY THERAPY CENTER LLC

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A. LUNT

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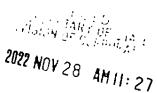
TQ:	Registration Se Division of Cor	ction porations		
		AY THERAPY CENTER LLC		
SUBJE	CT:	Name of Lim	ited Liability Company	
The enc	losed Articles of	Amendment and foo(s) are sub	raitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		LYNN REEVES		
			Name of Person	
		COHEN NORRIS ET AL		
			Firm/Company	
		712 US HIGHWAY ONE,	SUITE 400	
			Address	
		NORTH PALM BEACH,	FLORIDA 33408	
			City/State and Zip Code	
		LR@COHENNORRIS.CO	M to be used for future annual report not	ification
Par for	har information c	oncerning this matter, please o		,
		Other wife sim summer, branch a	561 615-1030	
LYYN	REEVES		at ()	
	Name o	f Porson	Area Code Daytin	ne Tslephone Number
Enclose	d is a check for th	ne following amount:		•
□ \$ 25	i.00 Filing Fee		S\$55.00 Piling Fee & Certified Copy (additional copy is exclosed)	Sectificate of Status & Certificate Copy (additional copy is enclosed)
	Mailing Addres		Street Address: Registration Se	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

DocuSign Envelope ID: 463DF6C9-912E-4C81-8788-3209AD27E7CE ARTICLES OF AMENDMENT

TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



BEACHWAY THERAPY CENTER LLC		
(Name of the Limited Liabil (A Florid	lity Company as it now appears on a la Limited Liability Company)	ur records.)
The Articles of Organization for this Limited Liability of Florida document number L09000116448	Company were filed on 12/08/20	09 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lir	mited Liability Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u></u>	····
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our record	is, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida sti	ret 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

11-28-22 03:11pm From-

T-490 P.04/05 F-053

T-490 P.04/05 F-053

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or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
CFO	PAMELA EGAN	1700 N DIXIE HIGHWAY	
		WEST PALM BEACH, FLORIDA 33407	□Remove
			☐ Change
			□Remove
			Change
			□Add
•			□Change
			□ Rетюче
			Change
-			□Add
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			□Remove
			□Change

susign envelope to, 4035/ 003 OTEE 100/ 0000 III	tional sheets, if necessary.)
O. If amending any other information, enter change(s) here: (Attach addition)	tional sheets, if necessary.) 2022 NOV 28 AM.U. 22
E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing of Note: If the date inserted in this block does not meet the applicable statutory fidocument's effective date on the Department of State's records.	(optional) r more than 90 days after filing.) Pursuant to 605.0207 (3 ling requirements, this date will not be listed as th
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.r. record is filed.	n. on the earlier of: (b) The 90th day after the
Dated NOVEMBER 11/22 2022	
Pamela Egan	
218uaure of a tiemod of anniotiven representati	ive of a member
PAMELA EGAN Typed or printed name of signor	

Filing Fee: \$25.00