

7/12/22, 11:09 AM

Division of Corporations

Florida Department of State

L1000001235
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Account Number : FCA000000023
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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2022 JUL 12 AM 11:42

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
HARMONY HEALTHCARE, LLC

Certificate of Status	0
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JUL 13 2022

K. Brumbley

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Harmony Healthcare, 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 June 8, 2010 and assigned Florida document number L10000061235

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: (Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)

Vertical stamp: 2022 JUL 12 AM 11:56 FILED APPROVAL AND

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: C T Corporation
New Registered Office Address: 1200 South Pine Island Road
Plantation, Florida 33324

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.

Bernadette Baker, Asst. Sec.
If Changing Registered Agent, Signature of New Registered Agent

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	APFS, LLC	125 South Wacker Drive	<input checked="" type="checkbox"/> Add
		Suite 2700	<input type="checkbox"/> Remove
		Chicago, IL 60606	<input type="checkbox"/> Change
MGRM	Skyway Capital Partners	100 North Tampa Street	<input type="checkbox"/> Add
		Suite 3550	<input checked="" type="checkbox"/> Remove
		Tampa, FL 33602	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

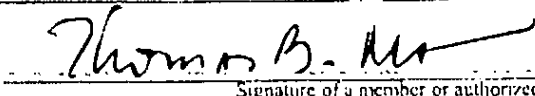
F. Effective date, if other than the date of filing: _____ (optional)

(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 7, 2022



Signature of a member or authorized representative of a member

Thomas Moran, Chief Executive Officer of the managing member

Typed or printed name of signer

Filing Fee: \$25.00