7/12/22, 11:09 AM

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Division of Corporations

Florida Department of State Division of Corporations

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C I CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (954)208-0845 Fax Number : (614)573-3996

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

Email Address:_

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

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JUL 13 2022

From: Lexus Wingo

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Harmony Healthcare, LLC				
(Name of the Limite	ed Liability Company as it now appears (A Florida Limited Liability Company)	on our records,)			
The Articles of Organization for this Limited Li Florida document number L10000061235	ability Company were filed on	June 8, 2010	and ass	igned	
This amendment is submitted to amend the follo	owing:				
A. If amending name, enter the new name of	the limited liability company he	re:			
The new name must be distinguishable and contain the w	ords "Limited Liability Company," the de	esignation "LLC" or the ab	breviation "L.	L.C."	-
Enter new principal offices address, if applic	able:		; <u>.</u>	202	
(Principal office address MUST BE A STREE				2	_
	**************************************			;_	;
				2	
Enter new maiting address, if applicable:				<u> </u>	ت:ت
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>	=	,
			·	<u> </u>	
B. If amending the registered agent and/or agent and/or the new registered office address Name of New Registered Agent:		ecords, <u>enter the nan</u>	ne of the ne	w regis	<u>tered</u>
New Registered Office Address:	1200 South Pine Island Road				
	Enter Flor	ida stroet address			
	Plantation	, Florida	33324		_
	City		Zip Code		
New Registered Agent's Signature, if changing					
I hereby accept the appointment as register provisions of all statutes relative to the propaceept the obligations of my position as region being filed to merely reflect a change in the company has been notified in writing of this	ner and complete performance of fistered agent as provided for in C registered office address, I here	Imy duties, and Lam Chapter 605, F.S. Or,	familiar w. , if this doc	th and unent	
		Bernadette Baker,			
	If Changing Registered Ag	gent, Signature of New Ro	gistered Age	<u>n!</u>	

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

From: Lexus Wingo

MGR = Manager AMBR = Authorized Member

To:

<u>Title</u>	Name	Address	Type of Action
MGRM	APFS, LLC	125 South Wacker Drive	
		Suite 2700	□Remove
		Chicago, IL 60606	☐ Change
MGMR	Skyway Capital Partners	100 North Tampa Sweet	
		Suite 3550	■ Remove
		Tampa, FL 33602	(I) Change
			①Add
			□Remove
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From: Lexus Wingo

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effective date is list	ed, the date must be spe	ecific and cannot be	prior to date of fil	ing or more than 90	days after filing.) Pursuant to
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