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September 18, 2023

SENT VIA FEDEX

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303
Phone: 850-245-6051

RE: HN1 Therapy Network of New Jersey, LLC

Name Change Amendment

Dear Sir or Madam:

Our office is filing the enclosed Articles of Amendment to Articles of Organization of HN1 Therapy Network of New Jersey, LLC to amend the company name to Health Network One of New Jersey, LLC. Also, enclosed is a corporate check in the amount of \$30.00 for the filing fee and certified copy.

Please do not hesitate to contact me via email at <u>jairama@healthsystemone.com</u> or at 954-310-5346 should you have any questions or concerns. Thank you for your attention to this matter.

Best Regards,

/s/ Anita N. Jairam

Corporate Governance Licensing Specialist HS1 Medical Management, Inc.

Enclosures.

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HN1 Therapy Network of New Jersey, LLC (A Florida Limited Liability Company as it now appears on our records.) The Articles of Organization for this Limited Liability Company were filed on 6/17/2011 and assigned Florida document number __1,11000070730 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Health Network One of New Jersey, LLC The new name must be distinguishable and contain the words "Limited I jability Company," the designation "LI C" or the abbreviation "LI_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) 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: New Registered Office Address: Enter Florida street address

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

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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Page 2 of 3

(li'an e <u>Note</u>	ctive date, if other than the date of filing:
the re	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: se 90th day after the record is filed.
Date	Signature of a member or authorized representative of a member
	/ 1/ \ \ \
	Signature of a member or authorized super angels and a
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00