Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ARNSTEIN & LEHR LLP

Account Number : I20060000021 : (561)833-9800 Phone

Fax Number : (561)655-5551

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

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN YOUTHFUL BALANCE MEDICAL CENTER, LLC

| Certificate of Status | 0_ |
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Electronic Filing Menu

Corporate Filing Menu

Help

11/01/2018 14:24 FAX 581 655 5551

YOUTHFUL BALANCE MEDICAL CENTER, LLC

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



| (Name of the Limited Liability Cumpar (A Florida Limited L | iv as it now appears on clability Company) | our records.) | |
|--|---|---|--|
| The Articles of Organization for this Limited Liability Company Florida document number L13000110265 | were filed on AUGUS | ST 5, 2013 | anc. assigned |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited liabi | lity company here: | | |
| The new name must be distinguishable and contain the words "Limited Liabili | ty Company," the designs | ation "LLC" or the ab | breviatio 1 "L.L.C." |
| Enter new principal offices address, if applicable: | | | |
| (Principal office address MUST BE A STREET ADDRESS) | <u> </u> | | |
| | | | |
| Enter new mailing address, if applicable: | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | | |
| | | | |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent: New Registered Office Address: | fice address on our | | the name of the new |
| | , Florida | | |
| | Ciry | | Zip Code |
| New Registered Agent's Signature, if changing Registered Agent: | | | |
| I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p heing filed to merely reflect a change in the registered office of company has been notified in writing of this change. | performance of my a rovided for in Chapt | luties, and I am j ter 605, F.S. Or, | familiar with and if this cocument is |

Page 1 of 3

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> | Address | Type of Action |
|--------------|-----------------|---|----------------|
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| Meetive date, if other than the dian effective date is listed, the date must be one; If the date inserted in this bloc ocument's effective date on the Depeter record specifies a delayed at The 90th day after the record | s does not meet the artment of State's state. | e applicable statut records. | ory filing requiremen | nts, this date will no | t be listed as the |
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| Si | nature of a member | or authorized repre | sentative of a member | | |
| J. | | | | | |

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