Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000415283 3)))



H240004152833ABCS

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : I20160000017 : (855)498-5500 Fax Number : (800)432-3622

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 U.S. SPECIALTY CARE, LLC

Certificate of Status	0
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Help

K. SALY DEC 19 2024

FILED 2024 DEC 18 PM 4: 09 HZ4000MYSSEE FLORID;

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

U.S. S	pecialty Care, LLC	
(Name of the Limited Liability (A Florida L	Company as it now appears on our records. imited Liability Company)	5
The Articles of Organization for this Limited Liability Cor	mpany were filed on September 9, 2014	and assigned
Florida document number 1.14000143700		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
HEALTHDYNE SPECIALTY FLORIDA, LLC		
The new name must be distinguishable and contain the words "Limite	d 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 ADDRE	<u></u>	
Enter new mailing address, if applicable:		<u> </u>
(Muiling address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records, <u>enter t</u>	he name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	rida
	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

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

H24000415283

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	WD WOLVERINE HOLDINGS, LLC	ONE VANDERBILT AVENUE, SUITE 3400	□ Add
		NEW YORK, NY 10017	■Remove
AMBR	HEALTHDYNE, LLC	500 EAGLES LANDING DRIVE	® Add
		LAKELAND, FL 33810	□Remove
			⊡Change
			□Add
			Add 2024 DEC 18 PH 4: 09
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			□Remove
			□Change

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Effective date, if other than the date of filing: January 1, 2025 (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 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be document's effective date on the Department of State's records. 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 cord is filed. Dated Documber 17 2024 Signature of a member or authorized representative of a member	ttach additional sheets, if necessary.)	ation, enter change(s) here:	mending any other informs
(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 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be document's effective date on the Department of State's records. 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 ord is filed. Dated Document 7, 2024			
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		/	
Signature of a memoer of authorized representative of a member	representative of a member		[N-11 W
Phillip P. Bisesi, Sr. Vice President and Secretary	sident and Secretary	Phillip P. Bisesi, Sr. Vice !	

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