

L14000143700

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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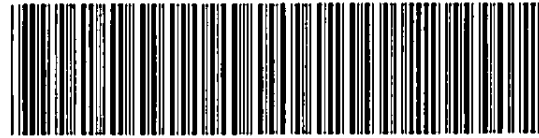
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2025 JAN 31 AM 9:46
TALLAHASSEE, FL

AB

CT CORP
(850) 656- 4724
3458 lakesore Drive
Tallahassee, FL 32312

Date: 01/31/2025

Acc#I20160000072

en: c DW

Name:	HealthDyne Specialty Florida, LLC
Document #:	
Order #:	16122518

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
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Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ 55.00

Thank you!

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

HEALTHDYNE SPECIALTY FLORIDA, LLC

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

2015 JAN 21 AM 9:46

SECRETARY OF STATE

September 9, 2014

The Articles of Organization for this Limited Liability Company were filed on September 9, 2014 and assigned
Florida document number L14000143700.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

U.S. Specialty Care, LLC

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)

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

Florida

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	HEALTHDYNE, LLC	500 EAGLES LANDING DRIVE	<input type="checkbox"/> Add
		LAKELAND, FL 33810	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	WD WOLVERINE HOLDINGS, LLC	ONE VANDERBILT AVENUE, SUITE 3400	<input checked="" type="checkbox"/> Add
		NEW YORK, NY 10017	<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
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

[illegible]

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

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 January 30, 2025

W. B. P. K.

Signature of a member or authorized representative of a member

Phillip P. Bisesi, Senior Vice President and Secretary

Typed or printed name of signee

Filing Fee: \$25.00