

2/18/2021

Division of Corporations



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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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2021 FEB 18 PM 3:45

21 FEB 18 AM 10:55

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
LINCOLN HEALTHCARE, LLC**

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FEB 18 2021

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Lincoln Healthcare, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 2/6/2015 and assigned Florida document number L15000023540

21 FEB 18 11 54 AM '15

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

2999 N. 44th Street, Suite 100

(Principal office address MUST BE A STREET ADDRESS)

Phoenix, AZ 85018

Enter new mailing address, if applicable:

2999 N. 44th Street, Suite 100

(Mailing address MAY BE A POST OFFICE BOX)

Phoenix, AZ 85018

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:

C T Corporation System

New Registered Office Address:

1200 South Pine Island Road

Enter Florida street address

Plantation

City

Florida

33324

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.

Nichol McCroy

Nichol McCroy, Asst. Secretary

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>
MGR	Rodney A. Leach	201 N. Franklin Street, Ste 2000	<input type="checkbox"/> Add
		Tampa, FL 33602	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Timothy Hayes	201 N. Franklin Street, Ste 2000	<input type="checkbox"/> Add
		Tampa, FL 33602	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Team Select Holdings, LLC	2999 N. 44th Street, Suite 100	<input checked="" type="checkbox"/> Add
		Phoenix, AZ 85018	<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
			<input type="checkbox"/> Change

