Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : TAVISTOCK GROUP Account Number : I20130000052 Phone : (407)909-9958 Fax Number : (407)909-9984

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 TAM HOLD COMPANY 2, LLC

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Electronic Filing Menu

Corporate Filing Menu

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COVER LETTER

TO:	Registration Se Division of Co			
CUR IF	TAM Hold	Company 2, LLC		
SUBJEC		Name of Lin	nited Liability Company	
Please return all correspondence concerning this matter to the following: Michelle Dadisman				
Please re	turn all correspo	ondence concerning this matter	to the following:	
		Michelle Dadisman		
			Name of Person	"
		Tavistock Group	7 s.	
Name of Person Tavistock Group Firm/Company 9350 Conroy Windermere Road Address Windermere, FL 34786 City/State and Zip Code michelle.dadisman@tavistock.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Michelle Dadisman 407 909-9957				
		9350 Conroy Windermere	Name of Limited Liability Company Int and fee(s) are submitted for filing. Incerning this matter to the following: Ile Dadisman Name of Person Name of Per	
			Address	
		Windermere, FL 34786		
			City/State and Zip Code	
		-		
				ification)
For furth	er information c	oncerning this matter, please c	all:	
Michelle	Dadisman		407 909-9957	
	Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed	is a check for th	ne following amount:		
□ \$25.0	00 Filing Fee		Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
	Registr Divisio P.O. Bo	ation Section	Registration Section Division of Corpor Clifton Building	on rations enter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TAM Hold Company 2, LLC	ty Company as it now annears on our records.)			
(A Florida	Limited Liability Company)			
The Articles of Organization for this Limited Liability C Florida document number L17000001879	Company were filed on January 4, 2017	and as	ssigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lim	ited liability company here:			
John Young UHS II, LLC				
The new name must be distinguishable and contain the words "Lim	ited 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 ADDI	RESS)	P A p decide	7	
		nd. Harris	<u> </u>	. :
		271. On 1.	60 C)	
Enter new mailing address, if applicable:		7 (2 m) m m		
(Mailing address MAY BE A POST OFFICE BOX)		,	E.S.	
		<u> </u>	Ç.	``
	•	5	V:o	
B. If amending the registered agent and/or regis	tered office address on our records, ente	r the asmo	of the n	<u>iew</u>
registered agent and/or the new registered office add	ress nere:			
Name of Name Desired and Assets				
Name of New Registered Agent:				-
New Registered Office Address:	Enter Florida street address			-
	felices a letteral all more exert, rea	PEEL SELECT FAM		
	, Florida,	Zin Code		
New Registered Agent's Signature, if changing Registere	•			
I hereby accept the appointment as registered agent		ugrao ta can	ento with t	the
provisions of all statutes relative to the proper and caccept the obligations of my position as registered as being filed to merely reflect a change in the registere company has been notified in writing of this change.	omplete performance of my dutles, and I an gent as provided for in Chapter 605, F.S. C	n familiar w Ir, if this doc	ith and cument is	716
	If the sales Deleteral Association of New York	Danktowyd A.	unt.	
	If Changing Registered Agent, Signature of New	Registered VE	<u>eni</u>	

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>	Name	Address	Type of Action
P	James L. Zboril	6900 Tavistock Lakes Blvd.	Add
		Suite 200	
		Orlando, Florida 32827	Change
VP/S	Michelle R. Rencoret	6900 Tavistock Lakes Blvd.	= Add
		Suite 200	
		Orlando, Florida 32827	☐ Change
			Ddd
			□ Remove
			Add -
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			ta
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Note: If document the recor	date, if other than the date of filing: April 25, 2017 Ive date is listed, the date must be specific and cannot be prior to the date inserted in this block does not meet the applicable is effective date on the Department of State's records. If specifies a delayed effective date, but not a	le statutory filing requirements, this date will not b	oe listed as th
) The 9	Oth day after the record is filed.		
Dated_	April 25, 2017		
	~~~~~.		
	Signature of a mamber of authoriz		

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Filing Fee: \$25.00