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IN HARRIS

COVER LETTER

то:		ration Sect n of Corp			
			PALATKA, LLC		
SUBJE	:CT:		Name of Limi	ted Liability Company	
The en	closed Ai	rticles of A	mendment and fee(s) are sub-	nitted for tiling.	
Please	return all	correspon	dence concerning this matter	to the following:	
			Alex Lopez		
			-	Name of Person	
			TCA FUND MANAGEMI	ENT GROUP	
			•	Firm/Company	
			19950 WEST COUNTRY	CLUB DRIVE, SUITE 101	
				Address	
			AVENTURA, FL 33180		
				City/State and Zip Code	
			alopez@teaglobalfund.com		v
				to be used for future annual report notif	(canon)
For fur	rther info	rmation co	ncerning this matter, please co	all:	
Alex I	lopez			786 323-1650	
		Name of	Person	at () Area Code Daytime	: Telephone Number
Enclos	sed is a ch	neck for the	e following amount:		
= \$2	5.00 Filit	ng Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PT NOW OF PALATKA, LLC				
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Jiability Company)			
The Articles of Organization for this Limited Liability Company	were filed on 12/22/2017	and assigned		
Plorida document number <u>L17000260843</u>				
This amendment is submitted to amend the following:				
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:			
National Healthcare Center of Palatka, LLC				
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the	ne abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	19950 WEST COUNTRY CLUB DRIVE			
Principal office address MUST BE A STREET ADDRESS)	SUITE 101			
	AVENTURA, FL 33180			
		· · · · ·		
Enter new mailing address, if applicable:				
Mailing address MAY BE A POST OFFICE BOX)		1		
		* 1		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	ffice address on our records, <u>en</u> <u>c</u> :	ter the name of the		
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street address	<u> </u>		
	. Florid:	1		
	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>	Type of Action
			Add
		,	□ Remove
•			Change
· 			
			Remove
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<mark>ctive date, if other</mark> effective date is listed, t	than the date of fi	ling: and cannot be prio	r to date of filing or	more than 90 days	o ptional) after tiling.) Pursu	ant to 605.02
e: If the date inserted	d in this block does not on the Department of	ot meet the appli	cable statutory fil	ing requirements.	, this date will n	ot be listed
ment's effective date	3 on the Department (or state s records	·.			
ecord specifies a	delayed effectiv	e date but no	ot an effective	time at 12:0	01 a.m. on th	e earlier
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1/16/2018 						i
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·a	2/d/					
Segg	Signature	of a member or aut	norized representati	ve of a member		<u>-</u>

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Filing Fee: \$25.00