L18000079820

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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 **866.625.0838** COGENCYGLOBAL.COM

Account#: 120000000088

Date	
Name: Merritt Walker	
Reference #:	
Entity Name: SAIL NURSING AND REHABILITATION	CENTER, LLC
Articles of Incorporation/Authorization to Trans	sact Business
✓ Amendment	
Change of Agent	
Reinstatement	
Conversion	
☐ Merger	
☐ Dissolution/Withdrawal	
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	id Rehabilitation Cen			
(Name of the Limited Liable (A Florid	ity Company as it now appea a Limited Liability Company)	n on our records.		
The Articles of Organization for this Limited Liability C Florida document numberL18000079820	Company were filed on	March 28, 2018	_ and assi	gned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lim	nited liability company h	<u>ere</u> :		
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the	designation "LLC" or the abbre	evistion "L.I	_C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADD	RESS)		 :	25
			<u>:</u>	<u></u>
			e de la companya de l	i=
Enter new mailing address, if applicable:			i.	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)			, *:	
Withing maress mar but at 000 or a feet boar	 -			ယ္
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B. If amending the registered agent and/or regi	stered office address o	our records, enter th	е паше (of the ne
registered agent and/or the new registered office add		,		
Name of New Registered Agent:				
New Registered Office Address:				
TOW TO STATE OF THE STATE OF TH	Enter Flo	rida 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

Title	<u>Name</u>	Address	Type of Action
MGR	Steven Bicky	22 Regal Drive	
		New Rochelle, NY 1080)4 ⊡ Remove
			🗔 Change
MGR	Henry E. Steinmetz	15 America Avenue, Suite 2	201 _{年 Add}
		Lakewood, NJ 08701	☐ Remove
		·	il- Change
			🖸 Add
			Ω Remove
			☐ Change
			CD Add
			🖫 Remove
			Change
			Remove
			Change
			🗔 Add
			Remove
			Change

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ffective date, if other than the date of filing: en effective date is listed, the date must be specific and cannot be prior to date of filing or more ote: If the date inserted in this block does not meet the applicable statutory filing neument's effective date on the Department of State's records.	(optional) re than 90 days after filing.) Pursuant to 605.02 requirements, this date will not be listed
e record specifies a delayed effective date, but not an effective the record is filed.	ne, at 12:01 a.m. on the earlier
ated July 30, 2018.	
Signature of a member or authorized representative o	

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