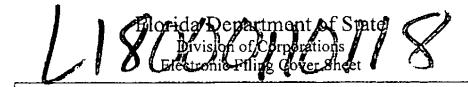
05/30/2018 15:46 Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6363

From:

Account Name : VCORP SERVICES, LLC

Account Number: I20080000067 : (845)425-0077 Phone

Fax Number : (845)818-3588

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Witch Tips Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN AC CARE HOLDINGS, LLC

| Certificate of Status | , |
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| AC Care Holdings, LLC | | |
|--|--|-------------------------------------|
| (Name of the Limited Liability Compa (A Florida Limited L | ny as it now appears on our re Jability Crempany) | cords.) |
| The Articles of Organization for this Limited Liability Company | were filed on | and assigned |
| Florida document number L18000110118 | | |
| This amendment is submitted to amend the following: | | a - 7 |
| A. If amending name, enter the new name of the limited liab | ility company bere: | 是是 |
| The new name must be distinguishable and contain the words "Limited Liabil | lity Company," the designation ' | "L.LC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRESS) | N N N C 52 | |
| Enter new mailing address, if applicable: | <u> </u> | % |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her | ffice add ss on our rec e: | cords, enter the name of the ne |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street a | ddress |
| | | _, Florida |
| | City | Zip Coxle |
| 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, 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:

(1)

4.

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | Name | | Address | Type of Action |
|--------------|------------------------|---|---|------------------|
| AMBR | Leopold Friedman | | 1000 Gates Ave | Add |
| _ | | : | Brooklyn, NY 11221 | ■ Remove |
| | | | | Change |
| AMBR | Citadel Care Group LLC | _ | 1000 Gates Ave | Add |
| | | | Brooklyn, NY 11721 | ☐ Remove |
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| ective date, if other than the date effective date is listed, the date must be stee. If the date inserted in this block cument's effective date on the Depart | pecific and cannot be prior to date loes not meet the applicable s | of filing or more than 90 d | _ (optional) lays after filing.) Pursuant to 605.02 ents, this date will not be listed |
| record specifies a delayed eff he 90th day after the record | ective date, but not an is filed. | effective time, at 1 | 2:01 a.m. on the earlier |
| ed May 15 | () 2018 | | |
| Dalla. | \mathcal{M}_{\cdot} | | |

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