Division of Corporations Electronic Filing Cove Sheet

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To:

Division of Corporations

Fax Number

: {850}617-6383

From:

Account Name : VCORP STRVICES, LLC

Account Number : 120080000067

Phone : (845)425-0077 : (845)818-3588 Fax Number

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ATLANTIC CARE ACQUISITION, LLC

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Electronic Filing Menu

Corporate Filing Menu

Help

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

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THE WON Atlantic Care Acquisition, LLC (Name of the Limited Liability Company as it no appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were file on 05/07/2018 Florida document number L18000110126 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 "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address City ....

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

P.003/004

If amending Authorized Person(s) authorized to manage, enter the time, 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
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			□ Change
AMBR	AC Care Holdings, LLC	1000 Gates Ave	≌ Add
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May 15	2018					
Dated May 15	,					
Signular	e of a member or	authorized rep	resentative of a n	nember		

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