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| Certified Copies        | _ Certificates o     | of Status       |
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| Special Instructions to | Filing Officer:      |                 |
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### **COVER LETTER**

| SUBJECT:           | Boynton Be      | ach Healthcare Services, LLC                 |  |                              |                 |
|--------------------|-----------------|--|--|------------------------------|-----------------|
| Subject.           |                 | Name of Limi                                 | ited Liability Company   |                              |                 |
| The enclosed       | f Articles of A | Amendment and fee(s) are sub                 | mitted for filing.   |                              |                 |
| Please return      | all correspor   | ndence concerning this matter                | to the following:  |                              |                 |
|                    |                 | Alan H. Baseman, Esq in c                    | /o Cynthia Collado   |                              |                 |
|                    |                 |  | Name of Person   | <del> </del>                 | -               |
|                    |                 | Comiter, Singer, Baseman                     | & Braun, LLP   |                              |                 |
|                    |                 |  | Firm/Company   |                              | -               |
|                    |                 | 3801 PGA Boulevard Suite                     | e 604  |                              |                 |
|                    |                 |  | Address  |                              | -               |
|                    |                 | Palm Beach Gardens, FL 3                     | 3410   |                              |                 |
|                    |                 |  | City/State and Zip Code  |                              | -               |
|                    |                 | mfrid@comitersinger.com                      |  |                              |                 |
|                    |                 | E-mail address: ()                           | to be used for future annual re                                | eport notification)          |                 |
| For further in     | nformation co   | oncerning this matter, please ca             | all:   |                              |                 |
| Alan H. Bas        | seman, Esq.     |  | 561 626  | -2101                        |                 |
|                    | Name of         | Person                                       | Area Code  | Daytime Telephone Numbe      | r               |
| Enclosed is a      | a check for th  | e following amount:                          |  |                              |                 |
| <b>■</b> \$25.00 F | Filing Fee      | ☐ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enck | Certifica<br>osed) Certified | ate of Status & |

MAILING ADDRESS:

Registration Section Division of Corporations

TO:

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

FILED

#### BOYNTON BEACH HEALTHCARE SERVICES, LLC

(Name of the Limited Liability Company as it now appears on our records.) JUR -4 F 3 38 (A Florida Limited Liability Company)

| The Articles of Organization for this Limited Liability Company were filed or  | n 12/24/2018 ALUSHASSIS and assigned  |
|--|---|
| Florida document number L18000293096 .   |   |
| This amendment is submitted to amend the following:  |   |
| A. If amending name, enter the new name of the limited liability companion   | ny 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)  |   |
|  | <del></del>   |
| Enter new mailing address, if applicable:  |   |
| (Mailing address MAY BE A POST OFFICE BOX)   |   |
| <del></del>  |   |
| B. If amending the registered agent and/or registered office address registered agent and/or the new registered office address here:   | ss on our records, <u>enter the name of the nev</u>                                       |
| Name of New Registered Agent:  |   |
| •  |   |
| New Registered Office Address:  Ente   | er Florida street address   |
|  | , Florida   |
| City   | , Florida<br>Zip Code   |
| New Registered Agent's Signature, if changing Registered Agent:  |   |
| I hereby accept the appointment as registered agent and agree to act in provisions of all statutes relative to the proper and complete performant accept the obligations of my position as registered agent as provided for being filed to merely reflect a change in the registered office address, I is company has been notified in writing of this change. | ce of my duties, and I am familiar with and rin Chapter 605, F.S. Or, if this document is |

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>               | Address                    | Type of Action  |
|--------------|---------------------------|----------------------------|-----------------|
| MGR          | George C. Peck, Jr., M.D. | 106 Washington Avenue      | □ Add           |
|              |                           | Spring Lake, NJ 07762-1428 | <b>■</b> Remove |
|              |                           |                            | Change          |
| MRG          | George C. Peck, III       | 106 Washington Avenue      |                 |
|              |                           | Spring Lake, NJ 07762-1428 | Remove          |
|              |                           | <del></del>                | ☐ Change        |
|              |                           |                            | Add             |
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|   | 05/30/2                  | 2010                         |                          |             |
| Effective date, if other than the   | date of filing:          |                              | (optional)               |             |
| (If an effective date is listed, the date mus Note: If the date inserted in this bl-document's effective date on the Document | ock does not meet the ap | pplicable statutory filing   |                          |             |
| the record specifies a delayed<br>) The 90th day after the rec  |                          | t not an effective tir       | me, at 12:01 a.m. on the | earlier of: |
| Dated May, 30th   | 2019                     |                              |                          |             |
| Mins  | Sarena                   |                              |                          |             |
|   | Signature of a mambar or | authorized representative of | F                        |             |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00