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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

• • •	TO CLICETY		
A D'	TO		2010
AK		RGANIZATION	
	OF		Fille. Os
41 10 2			11/2:00
Advanced Care Partners, LLC	5511 C 105 6		
(Name of the Lin	(A Florida Limited Lia	as it now appears on our polity Company)	records.)
he Articles of Organization for this Limited	Liability Company we	ere filed on 06/04/2019	and assigned
forida document number L19000148434			and assigned
torida document indirect	····································		
his amendment is submitted to amend the fo	llowing:		
a. If amending name, enter the new name	of the limited liabilit	v comnany horo	
J/A	or the ninted modific	t company nere.	
he new name must be distinguishable and contain the			
			"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		N/A	
Principal office address MUST BE A STRE	ET ADDRESS)		
	_		
nter new mailing address, if applicable:			
	-		
<u> Aailing address MAY BE A POST OFFICI</u>	<u>: BOX)</u>		
	_	· · · · · · · · · · · · · · · · · · ·	
. If amending the registered upent and			
. If amending the registered agent and existered agent and/or the new registered or	Vor registered offic office address bara:	e address on our re	cords, enter the name of the
	Milet addition field.		
Name of Nam Paristand Assess	Elan Neuman		
Name of New Registered Agent:			
New Registered Office Address:	N/A		
		Enter Florida street a	ddress
			, 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	Name	Address	Type of Action
MGR	Eli Pollack	4800 Linton Blvd., Suite F-106	
			🗖 Add
		Delray Beach, FL 33445	
			Remove
			☐ Change
MGR	Elan Neuman	4800 Linton Blvd., Suite F-106	Change
			_
		Delray Beach, FL 33445	
			Remove
			Chara-
			Change
			□ Remove
			☐ Change
			O Change
			🗆 Add
			Remove
			☐ Change
			to Change
			□ Remove
			Change
			Change
			Remove
			Change

o. If amending any	other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
	
	
	
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P. Tree	
(If an effective date is li Note: If the date in	other than the date of filing:
f the record specifi b) The 90th day a	ies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: after the record is filed.
October 10th	2019
	Signature of a member or authorized representative of a member
	DAUD NEWYAN
	Typed or printed name of signee

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