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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Pines to Palms Gen Name of Limited	atric Care Mana Liability Company	gement, LLC
The enclosed Articles of Amendment and fee(s) are submitted. Please return all correspondence concerning this matter to the	ted for filing. Principa 11373 (Semi:	an Address: oth Arr.
Marissa H	Name of Person	
Pines to Palms	Genotal Cire of Firm/Company	ranagement, Ur
POBOX 8709	\mathcal{O}	
	33775 ity/State and Zip Code	
MBSAVESKI @ 6	Frech (000) Sessed for future annual report notification)	,
For further information concerning this matter, please call:		
Malissa Haas Name of Person	at (<u>586)</u> <u>2572 - 122</u> Area Code Daytime Teleph	none Number
Enclosed is a check for the following amount: A CNCCI ☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & Certificate of Status		Certificate of Status & Still State Straight additional copy is enclosed) valid of states for the state of th
Mailing Address: Registration Section	Street Address: Registration Section	World 3 1 will reserve

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Pines to Palms Cencetric are Management, LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

(A Florida I	Limited Liability Company)	rs on our records.)			
The Articles of Organization for this Limited Liability Co	mpany were filed on	3/9/20	<u>no</u> :	and assig	ned
Florida document number L200000 76428					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limite	ed liability company he	ere:			
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the d	esignation "LLC" or	the abbrevia	tion "L.L.(<u></u>
Enter new principal offices address, if applicable:				21	p= "
(Principal office address MUST BE A STREET ADDRE	<u></u>			- R	
					<u>.</u>
			• · · · · · · · · · · · · · · · · · · ·	PH	
Enter new mailing address, if applicable:			- <u> </u>	<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>	<u>: </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our r	ecords, <u>enter the</u>	name of t	<u>he new r</u>	<u>registere</u>
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Flor	ida street address			
		, Florid	a		
	•		Zų	r Code	
New Registered Agent's Signature, if changing Registered					
I hereby accept the appointment as registered agent ar	nd agree to act in this o	capacity. I furthe	r agree to	comply comply	with th

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

<u>Title</u>	Name	Address	Type of Action
wer_	Matthew Hains	11573 67th Ase. Seminder FL 33772	□ Add
		Stininge) + U 35112	Nemove
			□ Change
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D. 11 ame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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	ive date, if other than the date of filing: 12/31/2020 12:00 are (optional) prescue docate is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing. Pursuant to 605. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listen.	was cranced Ae when 90- 1207 (31/h) window d as the - was returned
docum	nent's effective date on the Department of State's records.	- mus whome
If the record record is fil	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after led.	the
Dated	6/4/2021 1:00 pm.	
	Mauba Havius Signature of a member or authorized representative of a member	
	Typed or printed name of signee	
heas	of call me at 586-292-1221 for any question) including	00
E PROH	of call me at 58(c-25/2-122) for any question) including educate as I carrow aget through to you on phase through	7