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	gistration Sec rision of Corp						
SUBJECT:	WEST PAL	M BEACH SCHOOL OF NU	JRSING, LLC				
SOBJECT.		Name of Limited Liability Company					
The enclosed	d Articles of A	Amendment and fee(s) are sub	omitted for filing.				
Please return	ı all correspor	idence concerning this matter	to the following:				
		Katie Wood, Esq.					
		·	Name of Person	 .	_		
		Ainsworth & Clancy, PLL					
		*	Firm/Company		_		
		801 Brickell Ave. 8th Fl.			٠.,		
			Address	_		CF:	:
		Miami, FL 33131			Sign Chang Chang	Ã.	
		katic@business-esq.com	City/State and Zip Code		FL	AN 10: 26	
		E-mail address: (to be used for future annual report notification	n)			
For further in	iformation co	ncerning this matter, please c	alt:				
Katie Wood			305 600-3816				
	Name of	Person		phone Number	г		
Enclosed is a	check for the	following amount:					
■ \$25.00 F	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Fi Certifica Certified (additional	ite of Sta I Copy	tus &	

Mailing Address: Registration Section Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WEST PALM BEACH SCHOOL OF NURSING, LLC (Name of the Limited Liability Company as it now appears on our records,)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 08/27/2020 and assigned Florida document number $\underline{L20000266597}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: American Healthcare Institute, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 _. Florida __ 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

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
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