## L21000058851

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OZI NOV 23 AM ||: Secretary of Sta

## \*COVER LETTER

TO:	Registration Se Division of Cor		ત્ત્યા	%		
SURII	Perry Facili	ity Operations, LLC				
30001		Name of Lim	ited Liability Company	· · · · · · · · · · · · · · · · · · ·		
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please	return all correspo	ndence concerning this matter	to the following:			
		Charlene Johnson				
			Name of Person			
		Consulate Health Care				
		· · · · · · · · · · · · · · · · · · ·	Firm/Company			
		1040 Crown Pointe Pkwy.	. Ste. 600			
			Address			
		Atlanta, GA 30338				
	City/State and Zip Code					
		Charlene.Graham@consulatehc.com				
		E-mail address: (	to be used for future annual report noti	heation)		
For fur	ther information c	oncerning this matter, please c	ali:			
Charle	ene Johnson		770 730-1166 at ()			
	Name o	f Person	Area Code Daytim	e Telephone Number		
Enclos	ed is a check for th	e following amount:				
□ \$2	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Status & Certified Copy (additional copy is enclosed)		
	Mailing Addres	e-	Stroot Addross:			

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

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

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

FILED

2021 NOV 23 AM II: 28

Perry Facility Operations, LLC

SECRETARY OF STATE

(Name of the Limited Liability Company as it now appears on our records. HASSEE, FLEE

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liabil	ity Company were filed on $\frac{2/2/20}{1}$	21 and assigned
Florida document number <u>L21000058851</u>		
This amendment is submitted to amend the following	គេ:	
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 desig	nation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	;	
(Principal office address MUST BE A STREET A)	DDRESS)	
Caran non mailing address: if applicables		
Enter new mailing address, if applicable:	<del></del>	
(Mailing address MAY BE A POST OFFICE BON	<u> </u>	<del></del>
B. If amending the registered agent and/or regist agent and/or the new registered office address he Name of New Registered Agent:		rds, enter the name of the new registered
New Registered Office Address:		
	Enter Florida .	
_	Cirv	, Florida Zip Code
New Registered Agent's Signature, if changing Regis	•	
I hereby accept the appointment as registered ag provisions of all statutes relative to the proper a accept the obligations of my position as registere being filed to merely reflect a change in the regis company has been notified in writing of this char	gent and agree to act in this cap and complete performance of my ed agent as provided for in Cha stered office address. Thereby c	duties, and I am familiar with and pter 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>	<u>Address</u>	Type of Action
AMBR	Epsilon Health Care Properties, LLC	800 Concourse Parkway S.	
		Maitland. FL 32751	■Remove
			☐ Change
<del></del>			□Add
			Remove
			□Change
			□Add
			□Remove
			Change
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			Remove
		<del></del>	Change
			Remove
		-	Change
	<del></del>		□Add
			□Remove
			∏ <i>C</i> hange

Effective date, if other than the date of filing:  (an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 Mote; If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records.  The effective date and the date of the specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 document's effective date on the Department of State's records.  The effective date of the specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 document's effective date on the Department of State's records.  The effective date is listed.  The effectiv		
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Filing Fee: \$25.00