

L21000292714

Florida Department of State
Division of Corporations
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H210003112383ABCV

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
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2021 AUG 18 2:38

ALLAHASSEE, FLORIDA

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2021 AUG 18 PM 12:42

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
NURSE-ON-CALL HOMECARE, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$55.00

1/1

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NURSE-ON-CALL HOMECARE, 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 06/23/2021 and assigned
Florida document number 1.21000292714.

This amendment is submitted to amend the following:

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 designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

One Park Plaza

Nashville, Tennessee 37203

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Attn: HCA Legal Department

P.O. Box 750

Nashville, Tennessee 37202

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:

C T Corporation

New Registered Office Address:

1200 South Pine Island Road

Enter Florida street address

Plantation

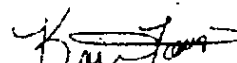
Florida 33324

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

DocuSign Envelope ID: 19D9BJE5-7859-46CB-8813-E5950E9B272F

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

(If 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 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12 (l) a.m. on the earlier of: (b) The 90th day after the record is filed

Dated August 5, 2021

Erik Larsen

Signature of a member or authorized representative of a member

Erik Larsen

Typed or printed name of signee

FILED
2022 AUG 18 PM 12:42
CLERK OF DISTRICT COURT
JANUARY 18, 2022
The 18th day of January, 2022

Filing Fee: \$25.00