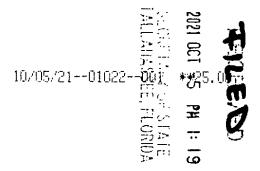
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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	; #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies Certificates of Status		
Special Instructions to	Filing Officer:	

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COVER LETTER

	istration Secti ision of Corpo				
SUBJECT:	PruittHealth -	Rockledge, LLC		•	·
SUBJECT:		Name of Limi	ited Liability Company		<u></u>
The enclosed	l Articles of Ar	nendment and fee(s) are sub	mitted for filing.		
Please return	all correspond	ence concerning this matter	to the following:		
		Olga Bjelkic, Legal Dept			
			Name of Person		
		PruittHealth, Inc.			
			Firm/Company		
		1626 Jeurgens Court			
			Address		_
		Norcross, GA 30093			
			City/State and Zip Code		
		legalservices@pruitthealth.c	oom to be used for future annual repor	+ notification)	
For further ir	nformation con	cerning this matter, please ca	-	t notification)	
Olga Bjelkic			678 358-12. at ()	51	
	Name of P	erson	Area Code D	aytime Telephone Nun	nber
Enclosed is a	check for the	following amount:			
≡ \$25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certii Certii	D Filing Fee, ficate of Status & Fied Copy onal copy is enclosed)

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

PruittHealth -Rockledge, LLC		
(<u>Name of the Limited Liability C</u> (A Florida Lim	ompany as it now appears on our records nited Liability Company)	<u>.</u>)
The Articles of Organization for this Limited Liability Com- lorida document number	pany were filed on 08/23/2021	and assigned
his amendment is submitted to amend the following:		
· ·	Liability company baras	
 If amending name, enter the new name of the limited 	maomy company nere.	وم ہے۔ ا
he new name must be distinguishable and contain the words "Limited	Liability Company "the decimation "[1 C"	or the abbreviation T.I. C.
ne new name must be distinguishable and contain the words. Emitted		
nter new principal offices address, if applicable:	N/A	75.7
Principal office address MUST BE A STREET ADDRES	<u> </u>	SEE O
		1: 19 UORIDA
nter new mailing address, if applicable:	N/A	DA 19
•		
Mailing address MAY BE A POST OFFICE BOX)		
. If amending the registered agent and/or registered of gent and/or the new registered office address here:	ffice address on our records, <u>enter</u>	the name of the new regist
ent and/or the new registered orace address here.		
Name of New Registered Agent: N/A		
New Registered Office Address:		
	Enter Florida street address	
	· · · · · · · · · · · · · · · · · · ·	orida
	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	PruittHealth - 5-2, LLC	1626 Jeurgens Court, Norcross, GA 30093	□Add
			■Remove
			Change
MGR	PruittHealth - 7-1, LLC	1626 Jeurgens Court, Norcross, GA 30093	≣ Add
			Remove
		 	□Add
			□ Remove
			A Control of the cont
		<u> </u>	Add Add
			☐ Remove
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	(b	
Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing. Note: If the date inserted in this block does not meet the applicable statuto document's effective date on the Department of State's records.	(optional) ing or more than 90 days after filing.) Pursuant to 60 ry filing requirements, this date will not be list	05.0207 (3) sted as the
the record specifies a delayed effective date, but not an effective time, at 12:0 cord is filed.	I a.m. on the earlier of: (b) The 90th day af	ter the
Dated OLGUST 34 2021		

Typed or printed name of signee