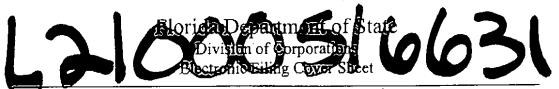
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Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : BLALOCK, WALTERS, HELD & JOHNSON, P.A.

Account Number : 076666003611 Phone : (941)748-0100 : (941)745-2093 Fax Number

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**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email	Address:	epennington@blalockwalters.com	
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2022 FEB 28

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN EAST MANATEE HOLDINGS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

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Fax Audit: (((H22000076833 3)))

ARTICLES OF AMENDMENT • TO ARTICLES OF ORGANIZATION **OF**

East Manatee Holdings, LLC			
(Name of the Limited Liability Compa (A Florida Limited i	iny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company	were filed on 12/7/2021 and assigned		
Florida document number L21000516631			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liab!	lity Company," the designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	2540 S. Tamiami Trail		
(Principal office address MUST BE A STREET ADDRESS)	Carrett Fleide 24220		
Enter new mailing address, if applicable:	2540 S. Tamiami Trail		
Mailing address MAY BE A POST OFFICE BOX)	Sarasota, Florida 34239		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new regis		
Name of New Registered Agent:			
New Registered Office Address:	Enter Florido street address		
	, Florida		

;}

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

Fax Audit: (((H22000076833 3)))
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
MGR	Fabian A. Ramos	2540 S. Tamiami Trail	∃ Add
		Sarasota, Florida 34236	□Remove
			□Change
MGR	Wael Alokeh	425 Nursing Home Drive	≅ Add
		Arcadia, Florida 34266	□Remove
			Change
AR	Charlyne Payson	2540 S. Tamiami Trail	≣ Add
		Sarasota, Florida 34236	□ Remove
			[] Change
			□Remove
			Change
			□Remove
			Change
			□Remove
			Change

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te: If t	he date inserted	in this block does on the Departmen	s not meet the s	applicable statut	ory filing requir	emenis, inis dai	e will not be listed a
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cord s	ecifies e delaye	d effective date, b	ut not an effec	tive time, at 12:	Ot a.m. on the e	arlier of: (b)	The 90th day after th
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Filing Fee: \$25.00