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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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : VCORP SERVICES, LLC

Account Number : 120080000067 Phone : (845)425-0077 Fax Number : (845)818-3588

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

50: Email Address:

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Allarian Rehabilitation & Senior Living Propos	o LLC	:	•	
(Name of the Limited Liability (A Florida I.	Company as it now appears on imited Liability Company)	our records.)	···	_
The Articles of Organization for this Limited Liability Con	mpany were filed on 07/21/2	2022	and	assigned
Florida document number 1.22000322293	<u>.</u> .			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limite	ed liability company here:			
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the design	nation "LLC" or Il	he abbreviation	"L.L.C."
Enter new principal offices address, if applicable:			<u> </u>	
(Principal office address MUST BE A STREET ADDRE	<u></u>			.
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registeregistered agent and/or the new registered office addre		r records, <u>en</u>	ter the nan	e of the new
				; ;
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida s	ireei address	FSI FIC	
	City	Florida	Jin (•

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

18886118813

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	Benjamin Berkowitz		Add
			■ Remove
			Change
MGR	Benjamin Kurland		
			Remove
		***************************************	Change
MGR	Hialeah Manager LLC	1105 E County Line Road, Suite 201	
		Lakewood, NJ 08701	□ Remove
			Change
			☐ Remove
			☐ Change
			□ Remove
			☐ Change
			□ Remove
			□ Change

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Dated July 2023			
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Dated July 2023 Signature of a member or authorized representative of a member		Signature of a member of authorized representative of a member	
Dates		The same section of the sa	

Page 3 of 3

Filing Fee: \$25.00