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TALLARA LOTEL FLORIDA

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A. BUTLER AUG 2 3 2022

COVER LETTER

Registration Section

Tallahassee, FL 32314

. TO:

Division of Cor	· A Halder III C		
SUBJECT:	Name of Lim	nited Liability Company	
	Name of Em	med Elabinty Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	-	Name of Person	
		Firm/Company	
		Address	
		City/State and Zip Code	·
	E-mail address: (to be used for future annual report no	tification)
For further information co	oncerning this matter, please c	all:	
	C D	at () Area Code Daytir	T.I. A. W. A.
Name o	Person	Area Code Daytir	ne Telephone Number
Enclosed is a check for th	te following amount:		
☐ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	
Registration S		Registration Se	
Division of C P.O. Box 632	•	Division of Co The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Athens Post Acute HoldCo, LLC

2022 AUG 22 AM 9: 44

This it now appears on our records.) This it now appears on our records. This is a second of the s
y were filed on 07/26/2022 and assigno
bility company here:
oility Company." the designation "LLC" or the abbreviation "L.L.C.
-
address on our records, enter the name of the new re
address on var records, enter the many of the new re
Enter Florida street address
, Florida
<u>t</u>

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 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	Kenneth Funk	851 NE 1st Avenue, Villa 701	Add
		Miami, FI, 33132	□Remove
			□Change
			□Remove
			□Change
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ective date, if oth	r than the date of filing:	or to date of filing or more than 90 days after filing	al)
n enective date is liste te: If the date inser	the date must be specific and cannot be priced in this block does not meet the application.	or to date of filing or more than 90 days after filicable statutory filing requirements, this de	ing.) Pursuant to 605.02
cument's effective of	te on the Department of State's record	s.	ate will not be fisted;
cord specifies a del	yed effective date, but not an effective	time, at 12:01 a.m. on the earlier of: (b)	The 90th day after th
is filed		`,	
	2022		
Aumiet 10	2022	<u> </u>	
ted August 19			
August 19	bx (1)		
August 19	Hell Smaller of	norized representative of a member	