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SUBJECT:	WEST PA	LM BEACH SCHOOL OF NU	JRSING ACQUISITION SPV, LE	.C
	-	Name of Lin	nited Liability Company	
The enclosed .	Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return a	all correspo	ondence concerning this matter	to the following:	
		Kathryn Wood, Esq.		
			Name of Person	
		Ainsworth & Clancy, PLL	C	
			Firtn/Company	
		801 Brickell Ave. 8th Fl		
			Address	
		Miami, FL 33131		
			City/State and Zip Code	
		katic@business-esq.com	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
for further inf	ormation c	roncerning this matter, please co	to be used for future annual report not all:	(theation)
Kathryn Wood	d		305 6003816	
	Name o	f Person	Arca Code Daytir	ne Telephone Number
inclosed is a c	heck for th	ne following amount:		
■ \$25.00 Fil	ing Fee	☐ \$30.00 Filmg 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)
	ng Addres		Street Address:	
Registration Section Division of Corporations			Registration Se Division of Co	
P.O. Box 6327			The Centre of	Fallahassee
Tallahassee, FL 32314		2415 N. Monro	e Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WEST PALM BEACH SCHOOL OF NURSING ACQUISITION SPV, 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 10/20/2022 and assigned Florida document number L22000451267 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Aquinas Acquisition SPV, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address

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.

City

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>	Name	Address	Type of Action
			🗀 Add
			□Remove
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If the red (b) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie 90th day after the record is filed.	er of:
Dated		
		,
	Kathryn Wood Signsture of a member or authorized representative of a member	
	Kathryn Wood	
	Typed or printed name of signee	

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Filing Fee: \$25.00