Florida Department of State

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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

 Address:			

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ACCURA HEALTH LLC

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NOV 02 2022

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ACCURA HEALTH LLC				
(<u>Name of the Limited Liability Company</u> (A Florida Limited Liab	as it now appears on our records.) lity Company)		-	
The Articles of Organization for this Limited Liability Company we Florida document number L22000465864	ere filed on 10/31/2022	and	assigne	:d
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabilit	y company here:			
Accura Health FL 1 LLC				
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the	e abbreviation	"L.L.C.	,.
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)	<u>.</u>			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered office adagent and/or the new registered office address here: Name of New Registered Agent:	dress on our records, <u>enter the i</u>	name of the	new re	gistered
Name of New Registered Agent.	to tilt		₩.	
New Registered Office Address:	Enter Florida street address		~	<u> </u>
<u></u>	. Florida	1		<u> </u>
New Registered Agent's Signature, if changing Registered Agent:		22 <u>2</u> 25 C	ີ: 0ຜ	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete pe accept the obligations of my position as registered agent as pro-	erformance of my duties, and I	am familiar	with a	nd

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
			□Add
			□Remove
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