123000145876

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Dusiless Elitity Name)				
(December 1)				
(Document Number)				
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9/21/2023

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	RAGNIER STEIN			
		Name of Person		
	POST ACUTE CARE MANAGEMENT SOUTH FLORIDA, LLC			
		Firm/Company	<u>=</u> _	
	4960 SW 72ND AVE, SU	ITE 305		
	· · · · · · · · · · · · · · · · · · ·	Address		
	MIAMI, FL 33155			
		City/State and Zip Code		
	RAGNIERSTEIN73@GM/			
	E-mail address: (to be used for future annual report noti	fication)	
For further information c	oncerning this matter, please c	all:		
RAGNIER STEIN		786 259-4257		
Name of Person		Area Code Daytim	e Telephone Number	
Enclosed is a check for th	ne 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 Address: Registration Section		Street Address: Registration Se		
Division of Corporations P.O. Box 6327		Division of Cor The Centre of T	•	
Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

POST ACUTE CARE MANAGEMENT SOUTH FLORIDA, LLC

ACUTE CARE MANAGEMENT SOUTH FLORIDA, LLC

2023 SEP -6 AM 7: 08

(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 MARCH 2	22, 2023 and assigned
Florida document number <u>L23000145876</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	.=
(Principal office address MUST BE A STREET ADDRESS)	
· · · · · · · · · · · · · · · · · · ·	
Enter new mailing address, if applicable:	
· ·	
B. If amending the registered agent and/or registered office address on our records agent and/or the new registered office address here: Name of New Registered Agent:	
New Registered Office Address: Enter Florida stree	t address
City	Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agree to act in this capacity provisions of all statutes relative to the proper and complete performance of my dutaccept the obligations of my position as registered agent as provided for in Chapter being filed to merely reflect a change in the registered office address, I hereby conformany has been notified in writing of this change.	ties, and I am familiar with and - 605, F.S. Or, if this document is

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>	<u>Name</u>	Address	Type of Action
AMBR	MARIA IBARRA	4960 SW 72ND AVE	■Add
		SUITE 305	□Remove
		MIAMI, FL 33155	
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change
			□Remove
			Change
			□Add
			□Remove
			Change
			□Add
			Remove
			□Change

Typed or printed name of signee