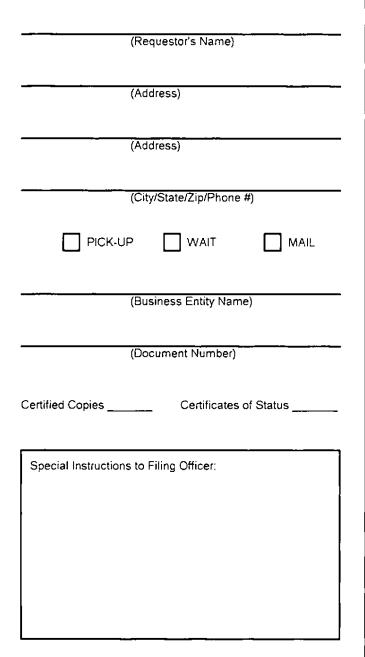
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COVER LETTER

CUDIECT.	Advanced Tl	hearaputics of Jacksonville, LL	tics of Jacksonville, LLC		
SUBJECT:		Name of Limit	ted Liability Company		
The enclosed	Articles of A	Amendment and fee(s) are subr	nitted for filing.		
Please return	all correspor	ndence concerning this matter t	o the following:		
		Ednerey Paul Lamantan			
			Name of Person		
			Firm/Company		
		4131 University Blvd S Bu	ilding 10		
			Address		
		Jacksonville, FL 32216			
		Brucefastdriver@yahoo.com	City/State and Zip Code		
		E-mail address: (t	o be used for future annual re	eport notification)	
For further i	nformation co	oncerning this matter, please ca	ill:		
Paul Laman	tan		904 687	2412	
	Name of	Person	Area Code	Daytime Telepho	ne Number
Enclosed is	a check for th	e following amount:			
\$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclo		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Registration Section

Division of Corporations

TO:

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Advanced Thearapeutics of Jacksonville, 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 April 12, 2023 and assigned Florida document number L23000180643 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Jacksonville Thearapeutics and Skilled Nursing, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "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: (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 , Florida . City

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

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
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change

		
		
If an effective da Note: If the o	te, if other than the date of filing:	020° d as
e record speci rd is filed.	ties a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	the
Dated April	18, 2024	
	Signature of a member or authorized representative of a member	
_	Signature of a member or authorized representative of a member	