

L24000196025

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100423176011

2024 JUN -3 AM 11:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2024 JUN -3 AM 11:24

RECEIVED

A. HUNT

06/03/24



CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext:

To: Department Of State, Division Of Corporations
From: Amanda Miller
Ext:
Date: 05/17/24
Order #: 1515400-1
Re: Pinellas County Snf Opco li LLC
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Amount to be deducted from our State Account: \$25.00 - FL State Account Number:

120000000195

AUTH

A handwritten signature in black ink, appearing to read "Amanda Miller", is written over the word "AUTH".

Please take the following action:

File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Pinellas County SNF Opco II LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Gabriella Camilleri

Name of Person

Firm/Company

152 West 57th St., 60th floor

Address

New York, NY 10019

City/State and Zip Code

gabriella.camilleri@grey.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Person

at (_____) _____

Area Code

Daytime Telephone Number

Enclosed is a check for the 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
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

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Please change the sole member from AbleHearts Florida Healthcare LLC to NHHFP Healthcare Inc.

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E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated May 16th 2024

DocuSigned by

Gerry-Lynne Stolar

Signature of a member or authorized representative of a member

Gerry Lynn Stohr

Typed or printed name of signee