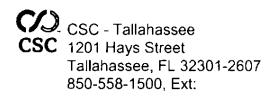
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(Red	uestor's Name)	
(Add	lress)	<u> </u>
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(City	/State/Zip/Phon	e #)
,		
PICK-UP	MAIT	MAIL
(Bus	iness Entity Nar	ne)
(Doc	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fi	iling Officer:	
Special instructions to the	illing Officer.	

Office Use Only





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:

12000000195

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.

Registration Section

TQ:

· Divis	sion of Cor	rporations			
CUD IDZT.	Pinellas Co	ounty SNF Opco II LLC			
SUBJECT:		Name of Lin	nited Liability Company		
		Amendment and fee(s) are sub	2		
Please return :	all correspo	ondence concerning this matter	to the following:		
		Gabriella Camilleri			
			Name of Person		
			Firm/Company		•• )
		152 West 57th St., 60th flo	• •		;
			Address	<u> </u>	
		New York, NY 10019		••	<u> </u>
			City/State and Zip Code	<del>-</del>	<u>č5</u>
		gabriella.camilleri@grey.co	om to be used for future annual report noti-	,771 	СŢ СŢ
For further inf		oncerning this matter, please co	all:		
	Name of	f Person	Area Code Daytime	e Telephone Number	-
Enclosed is a c	theck for th	e following amount:			
<b>■</b> \$25.00 Fil	ing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Fiting Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing For Certificate of Structure Copy (additional copy is	tatus &
Regi Divis P.O.	ng Address stration S sion of Co Box 632 hassee, F	ection orporations 7	Street Address: Registration Sec Division of Corp The Centre of Toral N. Monroe Tallahassee, FL	oorations allahassee e Street, Suite 810	

DocuSign Envelope ID: 1216B13A-AAF0-4A40-A859-DBE28F83B5B2

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Pinelias County SNF Opco II LLC		
(Name of the Limited Liability (A Florida	Company as it now appears on our records.) Limited Liability Company)	<del></del>
The Articles of Organization for this Limited Liability Co	ompany were filed on 05/01/2024	and assigned
lorida document number L24000196025		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limit	ed liability company here:	
ne new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" or th	e abbreviation "L.L.C."
nter new principal offices address, if applicable:	_	
Principal office address MUST BE A STREET ADDRE	ESS)	1 = 3
		<del></del>
nton non-resilient data is a second		· :
nter new mailing address, if applicable:		<u> </u>
failing address MAY BE A POST OFFICE BOX)		
	<u> </u>	<u>.                                    </u>
If amending the registered agent and/or registered of and/or the new registered office address here:	office address on our records, enter the n	ame of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
-	Enter Florida street address	<del>-</del>
	, Florida	
<del></del>	City	Zin 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. 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.

Please change the sole	member from AbleH	learts Florida Healthcar	e LLC to NHNFP Health	care Inc.
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Effective date, if other tha	an the date of filing	<b>:</b> :	(0	ptional)
Effective date, if other that fan effective date is listed, the date inserted in	ate must be specific and	cannot be prior to date of	filing or more than 90 days a	fter filing.) Pursuant to 605.020
locument's effective date on			nory iming requirements.	ans date will not be listed a
record specifies a delayed e d is filed.	ffective date, but not	an effective time, at 12	:01 a.m. on the earlier of	(b) The 90th day after the
May 16th		2024		
Jaied				
		Gerry-lynn Sto	lır	

Typed or printed name of signee