6/23/2021

Division of Corporations

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

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

| Email | Address: | | | |
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN NORTHPORT HEALTH SERVICES OF FLORIDA, L.L.C.

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 1 |
| Page Count | 4 |
| Estimated Charge | \$55.00 |

Requesting the original filing date of 6/23/21. Thank you!

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Corporate Filing Menu

Help



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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Northport Health Services of Florida, LLC | | |
|--|--|--|
| (Name of the Limited Liability Compa (A Florida Limited | ny a <u>s it now appears on our r</u> Lability Company) | ecords.) |
| The Articles of Organization for this Limited Liability Company Florida document number 199000000965 | were filed on | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liab | ility company here: | |
| The new name must be distinguishable and contain the words "Limited Liabs | lity Company," the designation | "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | 7 / S |
| (Principal office address MUST BE A STREET ADDRESS) | | |
| | | <u>>∃ 22 </u> |
| | | 30 |
| Enter new mailing address, if applicable: | | |
| (Moiling address MAY BE A POST OFFICE BOX) | | |
| | | - |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her | ffice address on our re | cords, enter the name of the new |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street (| uddress |
| | Ciry | _, Florida |
| New Registered Agent's Signature, if changing Registered Agent | • | Topic Street |
| | | I frother surge to comply with the |
| I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change. | e performance of my dutic provided for in Chapter (| es, and I am familiar with and 605, F.S. Or, if this document is |
| | | |

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

From; Ranae McGraw

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

To: 18506176383

| <u>Title</u> | Name | Address | Type of Action |
|--------------|---|-----------------------|----------------|
| AMBR | Cornelius, Mark | 931 Fairfax Park | Add |
| | | Tuscaloosa, AL. 35406 | ☐ Remove |
| | | | ☐ Change |
| MGR | Estes, J. Norman | 931 Fairfax Park | Add |
| | | Tuscaloosa, AL. 35406 | Remove |
| | | | ☑ Change |
| MGR | Long, Phillip Cody | 931 Fairfax Park | |
| | | Tuscaloosa, AL. 35406 | □ Remove |
| | | | ☑ Change |
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| Effective date, if other than the d If an effective date is listed, the date must b Note: If the date inserted in this bloc document's effective date on the Dep | k does not meet th | e applicable statutor | g or more than 90 days aft y filing requirements, th | fional) er filing.) Pursuant to 605, sis date will not be liste | 0207 d as i |
| he record specifies a delayed The 90th day after the recor | effective date, d ls filed. | but not an effect | ive time, at 12:01 | a.m. on the earlie | er of |
| Dated June 25 | | 021. | | | |
| S | Castles Official of a nember | Intilk | ntalive of a member | | |
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