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CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

D	ate: 6/12/2019
	Acc#120160000072
Name:	WILDLIGHT WELLNESS CENTER, LLC
Document #:	
Order #:	11826244
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing:	
Apostille/Notarial Certification:	Country of Destination: Number of Certs:
Filing:	Certified:
Availability Document Examiner Updater Verifier W.P. Verifier Ref#	Amount: \$ 55.00

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

Name of limited liability Company as it appears	on the records of the Florida Department of
State: Wildlight Wellness Center, L	LC
Enter new principal office address, if applicable:	
(<u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u>)	2019 JUN 12
Enter new mailing address, if applicable: (Malling address MAY BE A POST OFFICE BOX)	I 2 AM 7: 53
2. The Florida document number of this limited lia	bility company is: M19000001029
3. Jurisdiction of its organization: Delaware	
4. Date authorized to do business in Florida: <u>Jar</u>	uary 29, 2019
SECTION II (5-9 complete only the applicable	
5. New name of the limited liability company: Y (mus	ulee Medical Office Building, LLC contain "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or ma must contain "Limited Liability Company," "L.L.C	for the purpose of transacting business in Florida and attach a naging members adopting the alternate name. The alternate name" or "LLC.")
6. If amending the registered agent and/or registered registered agent and/or the new registered office a	dress here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida Street Address
	, Florida
	City Zip Code
the provisions of all statutes relative to the proper	nt and agree to act in this capacity. I further agree to comply with and complete performance of my duties, and I am familiar with vered agent as provided for in Chapter 605, F.S. Or, if this in the registered office address, I hereby confirm that the limited
IfC	hanging Registered Agent, Signature of New Registered Agent

If the amendment cl	nanges person, title or capaci	y in accordance with 605.0902 (1)	(e), indicate that change:
le/ Capacity	<u>Name</u>	Address	Type of Action
			Remove
			Add
			Remove
			Remove
			Remove
			Add
			Remove
aforementioned an	nendment(s), duly authentice the law of which this entity	han 90 days old, evidencing the ated by the official having custody is organized.	

Filing Fee: \$25.00

Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "WILDLIGHT WELLNESS CENTER, LLC", CHANGING ITS NAME FROM "WILDLIGHT WELLNESS CENTER, LLC" TO "YULEE MEDICAL OFFICE BUILDING, LLC", FILED IN THIS OFFICE ON THE TWELFTH DAY OF JUNE, A.D. 2019, AT 12:18 O'CLOCK P.M.



Authentication: 203009634

CERTIFICATE OF AMENDMENT TO THE CERTIFICATE OF FORMATION OF WILDLIGHT WELLNESS CENTER, LLC

- 1. The name of the limited liability company is Wildlight Wellness Center, LLC.
- 2. Article 1 of the Certificate of Formation of the limited liability company is amended in its entirety to read as follows:
 - 1. The name of the limited liability company (the "Company") is Yulee Medical Office Building, LLC

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Amendment

on this 12th day of June, 2019.

osoph A Balistreri, Sole Manager

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State of Delaware
Secretary of State
Division of Corporations
Delivered 12:18 PM 06/12/2019
FILED 12:18 PM 06/12/2019
SR 20195391774 - File Number 7251261