

L/2000086567

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(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

12 AUG -9 PM 3:38

FILED

K. SALY
EXAMINER
AUG 10 2012

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Waterford Senior Living Group, 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:

Joan Williams
Name of Person

Firm/Company

445 24th Street, Suite 300
Address

Vero Beach, FL 32960
City/State and Zip Code

jwilliams@waterfordslg.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christopher C. Campione at (772) 978-9582
Name of Person *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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
12 AUG -9 PM 3: 38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Waterford Senior Living Group, 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 July 2, 2012 and assigned Florida document number L12000086567.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Watercrest Senior Living Group, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

445 24th Street, Suite 300

(Principal office address MUST BE A STREET ADDRESS)

Vero Beach, FL 32960

Enter new mailing address, if applicable:

445 24th Street, Suite 300

(Mailing address MAYBE A POST OFFICE BOX)

Vero Beach, FL 32960

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:

Joan Williams

New Registered Office Address:

15 Sailfish Road

Enter Florida street address

Vero Beach

Florida

32960

City

Zip 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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

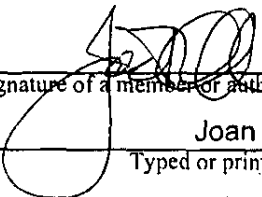
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

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

Dated _____



Signature of a member or authorized representative of a member
Joan Williams

Typed or printed name of signee