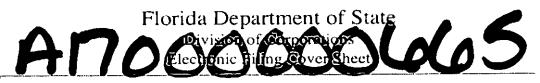
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Division of Corporations



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 : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 : (561)214-8442 Fax Number

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

## LP/LLLP AMENDMENT/RESTATEMENT/CORRECTION DOUGLAS GARDENS IV, LTD.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$52.50

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Help

## CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

DOUGLAS GARDENS IV, LTD.			
Insert name currently o	n file with Florida D	epartment of State	
Pursuant to the provisions of section 620.1202 limited liability limited partnership, whose cer 12/22/2017, assigned adopts the following certificate of amendment	tificate was filed Florida documen	with the Florida Department of State t number A17000000665	e on
adopts the following certificate of amendment	to its certificate	of finited partnersing.	
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of there:	he limited partner	ship or limited liability limited partne	rship:
Douglas Gardens IV, LLLP			
New name must be disting	uishable and contain	an acceptable suffix.	
Acceptable Limited Partnership suffixes: Limited Partn Acceptable Limited Liability Limited Partnership suffix	ership, Limited, L.P. es: Limited Llabllity	, LP, or Ltd. Limited Partnership, L.L.L.P. or LLLP.	
B. If amending mailing address and/or principal office address here:	ncipal office add	ress, enter new mailing address an	<u>d/or</u>
New Principal Office Address: (Must be STREET address)	N/A		3 3 3 7
New Mailing Address: (May be post office box)	N/A	17 22 PH	<u> </u>
C. If amending the registered agent and/or registered agent and/or the new registered office	tered office addre	ss on our records, enter the name of th	e new
Name of New Registered Agent: N/A	Α		
New Registered Office Address:	Enter	· Florida street address	
		Cl., si.d.	
<del></del>	City	, Florida 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.

If Changing Registered Agent, Signature of New Registered Agent

## D. If amending the general partner(s), enter the name and business address of each general partner being added or removed from our records:

<u>Title</u>	Name	Address	Type of Action
GP	MJHS DOUGLAS IV, LLC	5200 NE 2 AVENUE MIAMI, FL 33137	_ ☐ Add ☐ Remove
GP	DOUGLAS GARDENS SENIOR HOUSING, INC.	5200 NE 2 AVENUE MIAMI, FL 33137	■ Add □ Remove
<del></del>			
			Add Remove

- E. If the limited partnership or limited liability limited partnership is amending its "limited liability limited partnership" status, enter change here:
  - This Limited Partnership hereby elects to be a "Limited Liability Limited Partnership."
  - 1 This Limited Partnership hereby removes its "Limited Liability Limited Partnership" status.

(NOTE: If adding or removing" limited liability limited partnership" status, all general partners must sign this amendment.)

15612148442

N/A	nange(s) here: (Attach additional sheets, if necessary.)
Effective date, if other than the date of filing:	
Effective date cannot be prior to nor more than 90 days afte itate.)	er the date this document is filed by the Florida Department of
Note: If the date inserted in this block does not meet the apport listed as the document's effective date on the Department	olicable statutory filing requirements, this date will not to f State's records.
- India as III as a second of the second of	
Signature(s) of a general partner or all general	partners*:
*NOTE: Only one current general partner is required to si emoving a "limited linbility limited partnership" election st when adding or removing a "limited liability limited partner	gn this document unless the limited partnership is adding or atement. Chapter 620, F.S., requires all general partners to sig ship" election statement.)
	MIHS DOUGLAS IV, LLC - GP
	BY DOUGLAS GARDENS SENIOR HOUSING, INC MANAGER BY JEFFREY P FREIMARK PRESIDENT
	× Alpt-
Signature(s) of all new or dissociating general r	partner(s), if any:
	DOUGLAS GARDENS SENIOR HOUSING, INC GP
	By JEFFREY P FREIMARK, PRESIDENT
	×
	<i>//                                   </i>
	V
DIN ID 674 FA	
Filing Fee: \$52.50 Certified Copy (optional): \$52.50	
Certificate of Status (optional): \$8.75	