

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**A1700000665**

**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  
Fax Number : (561)214-8442

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

**Email Address:** \_\_\_\_\_

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

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

2022 SEP 22 12:28 PM

Electronic Filing Menu

Corporate Filing Menu

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FLORIDA DEPARTMENT OF STATE  
FALL ADMINISTRATIVE CENTER

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AND  
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SEP 22 2022  
Brumblay



**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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
GP	MJHS DOUGLAS IV, LLC	5200 NE 2 AVENUE MIAMI, FL 33137	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
GP	DOUGLAS GARDENS SENIOR HOUSING, INC.	5200 NE 2 AVENUE MIAMI, FL 33137	<input checked="" 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

**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."
- ☐ 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.)*

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

N/A

Effective date, if other than the date of filing: \_\_\_\_\_

*(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)*

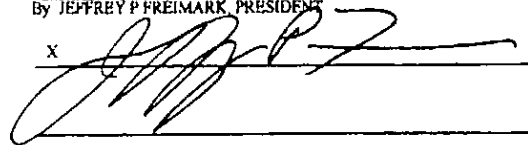
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**Signature(s) of a general partner or all general partners\*:**

(\*NOTE: Only one current general partner is required to sign this document unless the limited partnership is adding or removing a "limited liability limited partnership" election statement. Chapter 620, F.S., requires all general partners to sign when adding or removing a "limited liability limited partnership" election statement.)

MJHS DOUGLAS IV, LLC - GP  
By DOUGLAS GARDENS SENIOR HOUSING, INC. - MANAGER  
By JEFFREY P FREIMARK, PRESIDENT

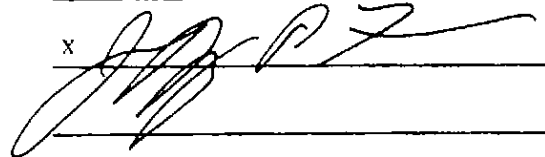
X



**Signature(s) of all new or dissociating general partner(s), if any:**

DOUGLAS GARDENS SENIOR HOUSING, INC. - GP  
By JEFFREY P FREIMARK, PRESIDENT

X



Filing Fee: \$52.50  
Certified Copy (optional): \$52.50  
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