A24602

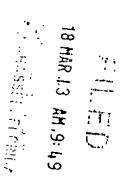
(Requestor's Name)				
(Address)				
(Address)				
(Ĉity/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificate	s of Status		
Special Instructions to Filing Officer:				
		,		

Office Use Only



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· · · · ·			
•	_co	VER LETTER	
TO: Registration Division of C			
SUBJECT: Port	Healthcare A	Associates	s, Ltd. (L.P.)
			mited Liability Limited Partnersh
The enclosed amend	ment and fee(s) are su	bmitted for filing	g.
Please return all corr	espondence concernir	ng this matter to:	
William R. B	assett		
	Contact Person		_
Smith, Bass	ett, Purcell &	Koenig	
	Firm/Company	<u></u>	_
4151 Ashford	d Dunwoody F	 Rd, Ste 265	5
D	Address		-
Brookhaven,			_
	City, State and Zip Code		
dmuth@sbk	•		_
·	be used for future annual	•	
	on concerning this ma		100 5500
William Bass		_at (404)	433-5589
Name of Cor	itact Person	Area Code an	d Daytime Telephone Number
Enclosed is a check t	or the following amou	unt:	
S52.50 Filing Fee	\$61.25 Filing Fee and Certificate of Status	S105.00 Fili and Certified Co	
STREET ADDRES	S:	MĄIL	ING ADDRESS:
Registration Section Division of Corporat	ione		ration Section
Clifton Building	ions		on of Corporations Box 6327
2661 Executive Cent Tallahassee, FL 323		Tallah	assee, FL 32314
		2	

AMENDMENT TO CERTIFICATE OF AUTHORITY FOR | FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP

The name of the limited partnership or limited I the Florida Department of State is: Port Charlotte Healthcare Associates, Ltd. (L.P.)	iability limit	ed partnership as it appears of	on the records of
2. Document Number of Foreign Limited Partnersl	hip or Limite	d Liability Limited Partnersh	nip: <u>A24602</u>
2. The jurisdiction of its formation is: Georgia			_
3. The date the entity was authorized to transact b	usiness in Flo	orida is: 06/01/1987	_
4. If the amendment changes the name of the limit the new name:	ted partnersh	p or limited liability limited	partnership, enter
Acceptable Limited Partnership suffixes: Limited Acceptable Limited Liability Limited Partnership s LLLP.			rship, L.L.L.P. or
5. If the amendment changes the general partner(s			
Name:	Business Ac	igress:	
SAK, JR., L.L.C.	200 Galleria Pa	rkway, Ste 1800, Atlanta, GA 30339	Add Remove Change Add Remove
			Add Remove Change
			☐Add ☐Remove _☐Change
			Add Remove Change
			Add Remove Change

6. If the amendment changes the jurisdiction of organization, ind	licate new jurisdiction:
7. If the amendment corrects any false statement listed in the appropriate and the correction:	plication, indicate the statement being
8. If the amendment is to add or delete an election to be a limited the appropriate box:	d liability limited partnership statement, check
The entity elects to be a limited liability limited	partnership.
The entity is no longer a limited liability limited	partnership.
9. Attached is an original certificate, no more than 90 days olds amendment(s), duly authenticated by the official having custody which this entity is organized.	
10. Effective date, if other than the date of filing: (Effective date cannot be prior to nor more than 90 days after the Department of State.)	
Signature of a general partner:	AM 9: 49
SBK, L.E. by William P. B. MIT, MIZERLA	; . —
Typed or printed name: SBK, L.L.C., by William Bassett, Attorney in Fact	
Filing Fee: \$52.50 Certified Copy (optional): \$52.50 Certificate of Status (optional): \$8.75	

•

Control Number: J817187

STATE OF GEORGIA

Secretary of State

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CERTIFICATE OF AMENDMENT

I. Brian P. Kemp, the Secretary of State and the Corporation Commissioner of the State of Georgia, hereby certify under the seal of my office that

PORT CHARLOTTE HEALTHCARE ASSOCIATES, LTD. (L.P.)

a Domestic Limited Partnership

has filed articles/certificate of amendment in the Office of the Secretary of State on 12/14/2017 and has paid the required fees as provided by Title 14 of the Official Code of Georgia Annotated. Attached hereto is a true and correct copy of said articles/certificate of amendment.

.63 AH .9: 49

WITNESS my hand and official seal in the City of Atlanta and the State of Georgia on 01/31/2018.



Brian P. Kemp Secretary of State

AMENDMENT OF CERTIFICATE OF LIMITED PARTNERSHIP OF PORT CHARLOTTE HEALTHCARE ASSOCIATES, LTD (L.P.)

The undersigned desiring to file a certificate of amendment of the certificate of limited partnership of Port Charlotte Healthcare Associates, Ltd. (L.P.) in compliance with Chapter 9 of Title 14 of the Official Code of Georgia Annotated, state as follows:

1.

The name of the limited partnership is Port Charlotte Healthcare Associates, Ltd. (L.P.).

П.

The certificate of limited partnership of the limited partnership was filed on September 6, 1988. The Secretary of State Control Number is J817187.

III.

The certificate of limited partnership is amended to add SAK, JR., L.L.C., a Georgia limited liability company, as an additional general partner of the limited partnership. The name and business address of each general partner of the limited partnership is as follows:

SBK, L.L.C.

SAK, JR., L.L.C.

3450 Ridgewood Road, NW

200 Gallerja Parkway, Suite 1800

Atlanta, GA 30327

Atlanta, GA 30339

The limited partnership will continue its existence and its business will be carried on by the above named general partners.

IN WITNESS WHEREOF, the undersigned have hereunto set their hands and seals, as of the 4th day of December, 2017.

GENERAL PARTNER:

GENERAL PARTNER:

SBK, L.L.C., a Georgia limited

liability company

SAK, JR., L.L.C., a Georgia limited

liability company

Samuel B. Kellett, its sole member

Stiles A. Kellett, Jr., its sole member