

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

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Account Number : FCA000000023
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TALLAHASSEE, FLORIDA

****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/LLP AMENDMENT/RESTATEMENT/CORRECTION
SYMPHONY SENIOR LIVING LIMITED PARTNERSHIP**

Certificate of Status	0
Certified Copy	1
Page Count	10
Estimated Charge	\$105.00

Electronic Filing Menu

Corporate Filing Menu

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MAY -5 2017

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TALLAHASSEE, FLORIDA

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

1. The name of the limited partnership or limited liability limited partnership as it appears on the records of the Florida Department of State is:

Symphony Senior Living Limited Partnership

2. The jurisdiction of its formation is: Michigan

3. The date the entity was authorized to transact business in Florida is: October 27, 2016

4. If the amendment changes the name of the limited partnership or limited liability limited partnership, enter the new name:

Symerica Senior Living Limited Partnership

Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.

Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.

5. If the amendment changes the general partner(s), list the name and business address of each general partner:

Name:

Business Address:

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6. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

7. If the amendment corrects any false statement listed in the application, indicate the statement being corrected and the correction:

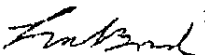
8. If the amendment is to add or delete an election to be a limited liability limited partnership statement, check the appropriate box:

- ☐ 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 old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of 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 date this document is filed by the Florida Department of State.)

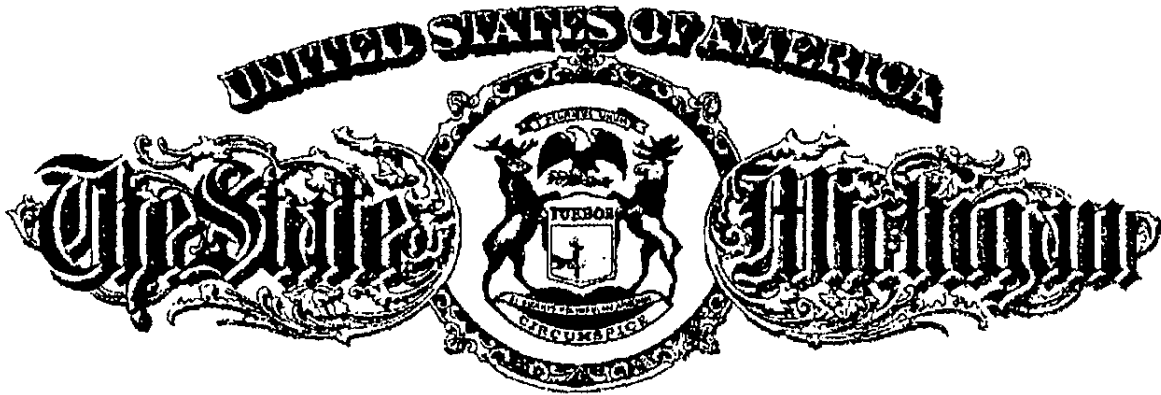
Signature of a general partner:

_____  _____

Typed or printed name:

Lisa M. Brush, President
Symphony Senior Living Holdings, Inc. _____

Filing Fee:	\$52.50
Certified Copy (optional):	\$52.50
Certificate of Status (optional):	\$8.75



This is to Certify That

SYMERICA SENIOR LIVING LIMITED PARTNERSHIP

a Michigan limited partnership was formed on December 16, 2015.

I FURTHER CERTIFY that the Certificate of Limited Partnership has not been canceled and is in full force and effect as of this date.

This certificate is in due form, and made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States

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2017 MAY -4 PM 12:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Sent by Facsimile Transmission
1445767

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 21st day of April, 2017.

Julia Dale

Julia Dale, Director
Corporations, Securities & Commercial Licensing Bureau

MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
FILING ENDORSEMENT

This is to Certify that the CERTIFICATE OF AMENDMENT - LIMITED PARTNERSHIP

for

SYMERICA SENIOR LIVING LIMITED PARTNERSHIP

ID NUMBER: L23270

received by facsimile transmission on April 18, 2017 is hereby endorsed.

Filed on April 18, 2017 by the Administrator.

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TALLAHASSEE, FLORIDA

This document is effective on the date filed, unless a subsequent effective date within 90 days after received date is stated in the document.



Sent by Facsimile Transmission

In testimony whereof, I have hereunto set my hand and affixed the Seal of the Department, In the City of Lansing, this 18th day of April, 2017.

Julia Dale

Julia Dale, Director
Corporations, Securities & Commercial Licensing Bureau

04/18/2017 1:04:53 PM -0400 DELEG FAXCOM
 04/18/2017 11:16:42 AM -0400 DELEG FAXCOM

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CSCL/CD-403 (Rev. 06/16)

MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS CORPORATIONS, SECURITIES & COMMERCIAL LICENSING BUREAU		
Date Received	(FOR BUREAU USE ONLY)	
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Address	150 West Jefferson, Suite 100	
City	State	ZIP Code
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CERTIFICATE OF AMENDMENT
 For use by Domestic Limited Partnerships
 (Please read information and instructions on the last page)

Pursuant to the provisions of Act 213, Public Acts of 1982, the undersigned execute the following Certificate.

1. The name of the limited partnership is:	<u>Symphony Senior Living Limited Partnership</u>
2. The limited partnership number assigned by the Bureau is:	<u>L23270</u>
3. The date the original Certificate of Limited Partnership was filed is:	<u>December 18, 2015</u>
4. The name and address of the office or agency with which the original Certificate of Limited Partnership was filed is:	<u>Michigan Department of Licensing and Regulatory Affairs</u>
5. The Certificate of Limited Partnership is hereby amended by the changes set forth below, in Section 6, or on an attached supplement. The following is a general description of the amendment(s) made by this Certificate: The name of the limited partnership is Symerica Senior Living Limited Partnership.	
Attached are <u>0</u> page(s):	

Signed this 17 day of April, 2017
 By [Signature]
 (Signature)
Lisa M. Brush, President
 (Type or Print Name and Title)
Symphony Senior Living Holdings, Inc.
 (Name of General Partner if a corporation or other entity)