

LO700001263
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

(((H16000125027 3)))



H160001250273ABCY

Note: DO NOT hit the REFRESH/RELOAD button on your browser for this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)205-8842
Fax Number : (850)878-5368

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

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
LEND LEASE MEDICAL REAL ESTATE FLORIDA LLC**

Certificate of Status	0
Certified Copy	0
Page Count	087
Estimated Charge	\$25.00

RECEIVED
2516 MAY 20 AM 9:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2016 MAY 13 A 10:47

FILED

MAY 23 2016
J. BRUCE



May 19, 2016

FLORIDA DEPARTMENT OF STATE
Division of Corporations

LEND LEASE MEDICAL REAL ESTATE FLORIDA LLC
11360 JOG ROAD
SUITE 200
PALM BEACH GARDENS, FL 33418US

SUBJECT: LEND LEASE MEDICAL REAL ESTATE FLORIDA LLC
REF: L07000001263

The electronic filing cover sheet submitted with your document reflects the incorrect type of document. The cover sheet must reflect the type of document you are filing. Please generate a new fax audit cover sheet under the appropriate document type. When resubmitting your document for filing, please also send a copy of the incorrect cover sheet marked "ABANDONED".

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing
Senior Section Administrator

FAX Aud. #: H16000119001
Letter Number: 916A00010687

FILED
2016 MAY 13 A 10:47
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

RECEIVED
2016 MAY 20 AM 9:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*DR. CLIP HERE
Please retain original filing
date of submission 5/13

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Lend Lease Medical Real Estate Florida 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:

Kevin Davis
Name of Person
Lendlease Americas Inc.
Firm/Company
200 Park Avenue, 9th Floor
Address
New York, New York 10166
City/State and Zip Code
Kevin.Davis@lendlease.com
E-mail address: (to be used for future annual report notification)

FILED
2016 MAY 13 A 10:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Kevin Davis at (212) 592-6847
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**

Lend Lease Medical Real Estate Florida 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 01/04/2007 and assigned
Florida document number L07000001263.

This amendment is submitted to amend the following:

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

Lendlease Medical Real Estate Florida LLC

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

Enter new principal offices address, if applicable:

1801 West End Avenue, Suite 1700

(Principal office address MUST BE A STREET ADDRESS)

Nashville, TN 37203

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

FILED
2016 MAY 13 A 10:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

New Registered Office Address:

Enter Florida street address

Florida

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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized 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"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

FILED
2016 MAY 19 AM 4:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

