

LO7000109761

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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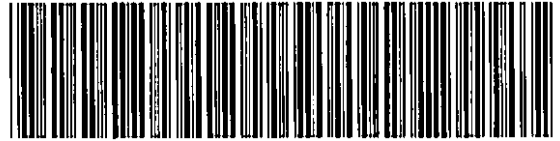
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C SIMMONS
AUG 01 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: HCR ManorCare Medical Services of 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:

Jacquie Goss, CP

Name of Person

Spengler Nathanson P.L.L.

Firm/Company

900 Adams Street

Address

Toledo, OH 43604

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jacquie Goss

419

252-6248

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

HCR ManorCare Medical Services of 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 10/29/2007 and assigned
Florida document number L07000109761.

This amendment is submitted to amend the following:

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

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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
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TREASURY

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

See attached

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TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)

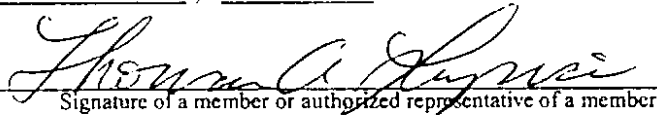
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated July 31, 2018


Signature of a member or authorized representative of a member

Thomas A. Lupica

Typed or printed name of signee

**ATTACHMENT TO
ARTICLES OF ORGANIZATION
OF**

HCR MANORCARE MEDICAL SERVICES OF FLORIDA, LLC

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PURPOSE: The Company is formed exclusively for charitable purposes, including the making of distributions for such purposes to organizations that qualify as exempt under Section 501(c)(3) of the Internal Revenue Code of 1986, as amended (or the corresponding provisions of any future United States Internal Revenue law). The Company will maintain and operate skilled nursing homes, homes for the aged, assisted living or rehabilitation facilities, and other like kind facilities, or such other activities related thereto as the Member may determine; promote, sponsor, develop, and operate programs and activities for the care and treatment of the sick, infirm, convalescent, and aged and support and further the charitable mission of the Member and the Member's affiliates; and will have and exercise all of the powers and rights conferred upon limited liability companies formed pursuant to the laws of Florida in furtherance of the foregoing including without limitation, entering into one or more leases or financing transactions, establishing one or more subsidiaries and any other actions as the Member shall determine.

EXEMPT OPERATIONS: All assets, property, income, revenue, and earnings of the Company shall be held, used, managed, devoted, expended, and applied at the discretion and judgment of the Member, to carry out the objectives and purposes of the Company. No part of the net earnings, if any, of the Company shall inure to the benefit of or be distributable to any private shareholder, director, officer or other private person; provided, however, that the Company shall be authorized and empowered to make payments and distributions in furtherance of its purposes and provided further, that nothing herein contained shall be construed to prevent the payment of fees, salaries or other remunerations to the Member, officers or other persons, firms or corporations. No substantial part of the activities of the Company shall consist of carrying on propaganda or otherwise attempting to influence legislation. The Company shall not participate in or intervene in (including the publishing or distributing of statements) any political campaign on behalf of any candidate for public office. Notwithstanding any other provision in these Articles of Organization, the Company shall not, except to an insubstantial degree, engage in any activities or exercise any powers that are not in furtherance of the purposes of the Company.

DISSOLUTION: Upon any dissolution of the Company, the Member of the Company shall, after paying or making provision for the payment of all liabilities of the Company, dispose of all of the assets of the Company exclusively for the purposes of the Company in such a manner or to such organization or organizations organized and operated exclusively for purposes as shall at the time qualify the organization as an exempt organization under Section 501(c)(3) of the Internal Revenue Code of 1986, as amended (or the corresponding provisions of any future United States Internal Revenue law) as the Member shall determine.