

L10000003556

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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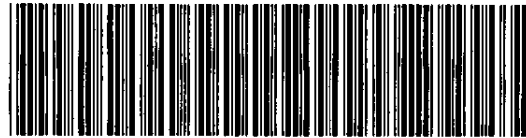
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TALLAHASSEE, FLORIDA

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CLARKCAMPBELL
ATTORNEYS AT LAW

CLARK, CAMPBELL,
LANCASTER & MUNSON, P.A.

PETER J. MUNSON

Attorney

pmunson@clarkcampbell-law.com

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JOSEPH A. GEARY

JOHN J. LANCASTER, LL.M. ²

PETER J. MUNSON

RALPH H. SCHOFIELD, JR.

MICHAEL E. WORKMAN ¹

ASSOCIATES

JUSTIN P. CALLAHAM, LL.M.

KYLE H. JENSEN

BOARD CERTIFICATIONS

¹ Real Estate

² Tax Law

³ City, County & Local Government

February 2, 2015

Florida Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

Re: Masek Medical Solutions, LLC/Veranda Lifestyle Homes, LLC

Gentlemen:

Enclosed for filing please find an original and one copy of Articles of Amendment to Articles of Organization. A check in the amount of \$25.00 is also enclosed for filing fees in this regard. It would be appreciated if you would please forward confirmation of filing in the enclosed self-addressed stamped envelope.

Thank you for your assistance with this request.

Sincerely,

Lois A. Hart, Legal Assistant to
Peter J. Munson, Esquire

LAH/s

Enclosures

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MASEK MEDICAL SOLUTIONS, 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:

PETER J. MUNSON, ESQUIRE

Name of Person

CLARK CAMPBELL LANCASTER & MUNSON, P.A.

Firm/Company

500 S. FLORIDA AVENUE, SUITE 800

Address

LAKELAND, FL 33801

City/State and Zip Code

camasek@odi-na.com

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

For further information concerning this matter, please call:

Peter J. Munson

Name of Person

at **863** **647-5337**

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

FILED
2015 FEB -5 AM 11: 50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MASEK MEDICAL SOLUTIONS, 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 01/11/2010 and assigned
Florida document number L10000003556

This amendment is submitted to amend the following:

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

VERANDA LIFESTYLE HOMES, LLC

The new name must be distinguishable and end with 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

City, Florida 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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"/> Add
		_____	<input type="checkbox"/> Remove

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_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

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

E. Effective date, if other than the date of filing: _____ (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 1/11/15, 2015



Signature of a member or authorized representative of a member

CHARLES A. MASEK, JR., President

Typed or printed name of signee

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TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

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_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

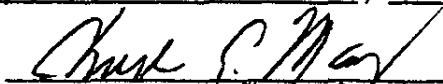
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Dated 1/11/15, 2015



Signature of a member or authorized representative of a member

CHARLES A. MASEK, JR., President

Typed or printed name of signee

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