

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L10000112464

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.

((H160001056183)))



H160001056183ABC

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

To:

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

From:

Account Name : CRARY, BUCHANAN, BOWDISH, ET AL
Account Number : 076424001425
Phone : (772) 287-2600
Fax Number : (772) 287-0115

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

Email Address: jlw@crarybuchanan.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
LSHC HOLDINGS 2, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

28 APR 28 PM 12:30

TALLAHASSEE, FLORIDA

28 APR 28 PM 12:47
TALLAHASSEE, FLORIDA

FILED

APR 29 2016
J. BRUCE

((H16000105618 3)))

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

LSHC HOLDINGS 2, 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 October 28, 2010 and assigned
Florida document number L10000112464.

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 "L.L.C." 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

((H16000105618 3)))

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>
MGRM	Lifestyles & Healthcare, Ltd.	406 NW 4th Street	☐ Add
		Okeechobee, FL 34972	☒ Remove
			☐ Change
MGR	Faye A. Haverlock	P.O. Box 759	☒ Add
		Okeechobee, FL 34973	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

FILED
 2016 APR 28 12:07
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

((H16000105618 3)))

((H16000105618 3))

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)

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.

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

Dated April 27, 2016

Notwithstanding a number of authentic representations as to its contents,

Jennifer L. Williamson, Esq.

Type of printed name or signee

Page 3 of 3

Filing Fee: \$25.00

((H16000105618 3)))