Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LSHC HOLDINGS 3, LLC

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Corporate Filing Menu

Help

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LSHC HOLDINGS 3, LLC	
(Name of the Limited Liability Company as it now (A Florida Limited Liability Com	appears on our records.)
The Articles of Organization for this Limited Liability Company were filed Florida document numberL10000112472	on October 28, 2010 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compa	any 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:	<u> </u>
(Principal office address MUST BE A STREET ADDRESS)	
	
Enter new mailing address, if applicable:	
(Malling address MAY BE A POST OFFICE BOX)	2>
	<u> </u>
	$\mathfrak{Q}_{\mathbb{R}} = \mathfrak{S}_{\mathbb{R}} + \mathfrak{S}_{\mathbb{R}}$
B. If amending the registered agent and/or registered office addrered agent and/or the new registered office address here:	ess on our records, enter the name of the no
registered agent and/of the new registered office and ress here.	
Name of New Registered Agent:	S & S
New Registered Office Address:	
Er	nter Florida street address
	, Florida
Ciţi	Zη· 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

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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>Títle</u>	<u>Name</u>	<u>Address</u>	Type of Action			
MGRM	Lifestyles & Healthcare, Ltd.	406 NW 4th Street				
	Okeechobee, FL 34972		Remove			
			C Change			
MGR	Faye A. Haverlock	P.O. Box 759				
		Okeechobce, FL 34973	☐ Remove			
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D. If an	ocuding any o	ther information, or	iter change(s) here:	(strach addrum	al sheets, if necess	enp.)			
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