

L10000118809

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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JUN 15 2017

J. HARRIS

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195  
REFERENCE : 681961 7100061  
AUTHORIZATION :   
COST LIMIT : \$25.00

ORDER DATE : June 14, 2017  
ORDER TIME : 12:28 PM  
ORDER NO. : 681961-010  
CUSTOMER NO: 7100061

DOMESTIC AMENDMENT FILING

NAME: DISCOVERY MARKETING GROUP LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT  
       RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER'S INITIALS: \_\_\_\_\_

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

DISCOVERY MARKETING GROUP 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 NOVEMBER 16, 2010 and assigned  
Florida document number L10000118809.

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)

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**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>
MGR	WINSLOW MANAGER LLC	46 S. REYNOLDS RD.	<input type="checkbox"/> Add
		WINSLOW, ME 04901	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	RICHARD HUTCHINSON	3301 BONITA BEACH RD. #113	<input type="checkbox"/> Add
		BONITA SPRINGS, FL 34134	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	DISCOVERY SENIOR LIVING HOLDINGS LLC	27599 RIVERVIEW CENTER BLVD. #201	<input checked="" type="checkbox"/> Add
		BONITA SPRINGS, FL 34134	<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

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MANAGEMENT IS VESTED IN THE MEMBER

Dated \_\_\_\_\_, 2017

*Ray Holman*  
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

JOY S. GOLDMAN, AUTHORIZED REPRESENTATIVE

Typed or printed name of signee

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**Filing Fee: \$25.00**

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