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SECRETARY OF STATE

B. BOSTICK
JUN 1 4 2012
EXAMINER

## **COVER LETTER**

4.

TO: Registration Division of C	orporations 🚙				
SUBJECT:	FAIRWAY HEALTH	CARE PROPERTIE	S, LLC		
		ited Liability Company			
	of Amendment and fee(s) are sulpondence concerning this matter	-		·	
		Bryan Rotella, Esq.		_	
		Name of Person			
		Ansa Assuncao, LLP			
		Firm/Company			
	100 S	100 S. Ashley Drive, Suite 1740			
		Address			
Tampa, FL 33602 City/State and Zip Code				12 J גבני זאנוני	
	E-mail address: (	n.rotella@ansalaw.com to be used for future annual report	notification)	SSE	
For further information	n concerning this matter, please of	call:			
	Bryan Rotella	at ( <u>813</u> )	221-5206	H 3: 05	
	e of Person	Area Code & Da	ytime Telephone Numbe		
Enclosed is a check for	r the following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is encl	osed) Certifie	ate of Status &	
MA	ILING ADDRESS:	STREET/CO	URIER ADDRESS:		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FAIRWAY HE	ALTHCAF	RE PROPERT	IES, LLC			
(Name of the Limited Lie (A Fl	ability Compar orida Limited L	ny as it now appears liability Company)	on our records.)			
The Articles of Organization for this Limited Liabi	ility Company		02/09/2012	and as	signed	
Florida document numberL1200001930						
This amendment is submitted to amend the following	•					
A. If amending name, enter the new name of th	e limited liab	ility company here	.:			
The new name must be distinguishable and end with th	he words "Limi	ted Liability Compan	y," the designation "L	LC" or the	abbrev	iation
Enter new principal offices address, if applicable:		5265 Office Pa	ark Boulevard			
(Principal office address MUST BE A STREET A	<u> 4DDRESS)</u>	Suite 101		<u> </u>	$\vec{z}$	
		Bradenton, FL	. 34203	<u> </u>	=	- Sandare F
Enter new mailing address, if applicable:		5265 Office Pa	ark Boulevard	ASSE	<u>π</u>	
(Mailing address MAY BE A POST OFFICE BO	(X)	Suite 101			P.	
		Bradenton, FL	34203	<u> </u>	<u>က</u>	
		_		De la	S	
B. If amending the registered agent and/or registered agent and/or the new registered office			ur records, <u>enter t</u>	he hame	of the	<u>new</u>
Name of New Registered Agent:	Bryan Rotel	la, Esq.	,,,		·····	
New Registered Office Address:	c/o Ansa As		00 S. Ashley Driv		1740	
		Ente	er Florida street addi	ress		
		Tampa, Florida		33602		
		City		Zip Cod	ie –	
New Registered Agent's Signature, if changing Reg	istered 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 608, 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 Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

	<u>Name</u>	Address	Type of Action
_			Add Remove
			Add Remove
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	ing any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary	v.)
mendi ——			<del></del>
			12 JUI Selice TALLAH
	June 8 , 20	012 / 2/	12 JUN 13 PM 3:

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