L12000030268

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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

FEB - 9 2015

COVER LETTER

10:	Division of Co		•	
SUBJE		Stuart LLC		
SOPPE	,	Name of Lim	ited Liability Company	· — · · · · · · · · · · · · · · · · · ·
The one	locad Articlas of	Amendment and fee(s) are sub	mitted for filing	
			· ·	
Please n	eturn all correspo	ondence concerning this matter	to the following:	
		David A Croson		
			Name of Person	
			Firm/Company	
		1100 Parma Circle		
			Address	
		Lake Mary, FL 3274	6-2663	
			City/State and Zip Code	
		dave@croson.com		
			to be used for future annual report noti	fication)
For furt	her information of	concerning this matter, please ca	all:	
Dave	Croson		407 509-2531	
	Name o	of Person	Area Code Daytim	e Telephone Number
Enclose	d is a check for t	he following amount:		
\$25	.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Regist	ING ADDRESS: ration Section	STREET/COURI Registration Section	on
	P.O. B	on of Corporations fox 6327 assee, FL 32314	Division of Corpor Clifton Building 2661 Executive Ce	

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Croson Stuart LLC		
(<u>Name of the Limited Liability Cor</u> (A Florida Limit	npany as it now appears on our record led Liability Company)	<u>s.</u>)
he Articles of Organization for this Limited Liability Compa lorida document number L12000030268	any were filed on 3/12/2012	and assigned
lorida document number		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited l	iability company here:	
davensworth Senior Living LLC		
he new name must be distinguishable and end with the words "Limited I	Liability Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		TAL 5
Principal office address MUST BE A STREET ADDRESS	<u> </u>	CAR S
		A CONTRACTOR CONTRACTO
nter new mailing address, if applicable:	 	rico (manage
Mailing address MAY BE A POST OFFICE BOX)		AT 5
		A
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered registered agent and/or the new registered office address to the second agent and/or the new registered office address to the second agent and/or the new registered office address to the second agent and/or the new registered office address to the second agent and/or the new registered office address to the second agent and/or the new registered office address to the second agent and/or the new registered office address to the second agent and/or the new registered agent and/or the new registe		STATE LORIDA
Name of New Registered Agent:		
New Registered Office Address:	77 77	<u> </u>
	Enter Florida street addres	s
		orida
	Ciţv	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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
	·····		□ Add
			☐ Remove
			□ Add
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n Department of State) - 2015
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Filing Fee: \$25.00

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