L17000070265

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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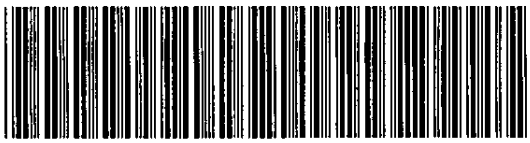

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15 AUG 17 PM 2:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 18 2015

J SHIVERS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Havensworth Senior Living LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mary Pophal
Name of Person

Havensworth Senior Living LLC
Firm/Company

5400 Marleon Drive
Address

Windemere, FL 34786
City/State and Zip Code

mary@havensworthseniorliving.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mary Pophal at (801) 319-6072
Name of Person — Area Code — Daytime Telephone Number

Enclosed is a check for the 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)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Havensworth Senior Living 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 March 1, 2012 and assigned Florida document number L12000030268.

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)

5400 Marleon Drive
Windemere, FL 34786

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

5400 Marleon Drive
Windemere, FL 34786

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:

FILED
12 AUG 17 PM 2:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Name of New Registered Agent: Mary Pophal

New Registered Office Address: 5400 Marleon Drive
Enter Florida street address

Windemere, **Florida** 34786
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.

Mary Pophal
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

Title	Name	Address	Type of Action
MGR	Mary Pophal	5400 Marleon Drive	■ Add
		Windemere, FL 34786	☐ Remove
			☐ Change
MGR	Matt Jesperson	1451 Marble Crest Way	■ Add
		Winter Garden, FL 34787	☐ Remove
			☐ Change
MGR	Katherine R. Croson	1100 Parma Circle	☐ Add
		Lake Mary, FL 32746	■ Remove
			☐ Change
MGR	Charles Croson	1100 Parma Circle	☐ Add
		Lake Mary, FL 32746	■ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated August 12 2015

David A Croson

Signature of a member or authorized representative of a member

David A. Croson, MGR

Typed or printed name of signee

Filing Fee: $25.00