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FLORIDA LIMITED LIABILITY CO.
Amazing Grace Assisted Living Home II, LLC

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FAX AUDIT # H130002167933

**ARTICLES OF ORGANIZATION
OF
Amazing Grace Assisted Living Home II, LLC**

ARTICLE I NAME

The name of the limited liability company shall be: Amazing Grace Assisted Living Home II, LLC

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be:
8839 Marlamoor Lane, West Palm Beach, Florida 33412.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Deborah Lytle, 8839 Marlamoor Lane, West Palm Beach, Florida 33412. Located in the County of Palm Beach.

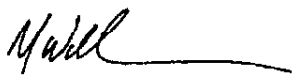
ARTICLE IV DURATION

The duration for the limited liability company shall be: Perpetual.

ARTICLE V MANAGERS/MEMBERS

The management of the limited liability company is reserved for the managing members and the name and address of the member of the Limited Liability Company is:
Deborah Lytle, 8839 Marlamoor Lane, West Palm Beach, Florida 33412

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Business Filings Incorporated, Organizer
Mark Williams, A.V.P.
Authorized Representative
Prepared by Mark Williams, Business Filings Incorporated, 8040 Excelsior Dr., Suite 200, Madison, WI 53717
608-827-5300

Date: September 19, 2013

FAX AUDIT # H130002167933

FAX AUDIT # 4130002167933CERTIFICATE OF DESIGNATION OF REGISTERED
AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the limited liability company is: Amazing Grace Assisted Living Home II, LLC

The name and address of the registered agent and office is Deborah Lytle, 8839 Marlamoor Lane, West Palm Beach, Florida 33412. Located in the County of Palm Beach.

Having been named as registered agent and to accept service of process for the above stated company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Signature:

Deborah Lytle
Deborah Lytle

Date:

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