

L14 000 113425

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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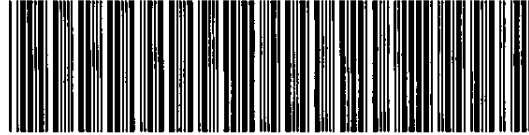
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DEPARTMENT OF REVENUE
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J. Givens FEB 18 2015

2544



340 N. Westlake Blvd. | Suite 210 | Westlake Village, CA 91362

February 4, 2015

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

RE: Clear Currents West, LP

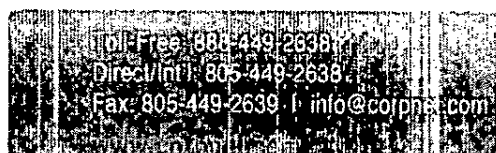
To whom it may concern:

The Enclosed Articles of Amendment and Fee(s) are submitted for filing.
Also, please find enclosed a check for state filing fees in the amount of **\$25.00**
made payable to the FL Dept of State. For information to this filing at the
undersigned.

Thank you in advance and please return all correspondence in regards to this
filing using the pre addresses stamped envelope included.

Sincerely,

Amanda J. Beren, Document Processor
CorpNet, Incorporated
888-449-2638 Ext. 105
aberen@corpnet.com



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

Glenridge Park CCRC, 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 7/18/2014 and assigned
Florida document number L14000113425.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Summerplace at Sarasota, LLC

The new name must be distinguishable and end with 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)

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:

Registered Agents Inc.

New Registered Office Address:

3030 N. Rocky Point Dr., Ste. 150A

Enter Florida street address

Tampa

City

, Florida 33607

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.

Bill Havre

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 = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	FDC Capital Partners, LLC	2033 Main St., Suite 402	<input checked="" type="checkbox"/> Add
		Sarasota, Florida 34237	<input type="checkbox"/> Remove
		✓	
MGR	FDC Partners Managment, Inc.	2033 Main St., Suite 402	<input checked="" type="checkbox"/> Add
		Sarasota, Florida 34237	<input type="checkbox"/> Remove
MGR	RAA Consultants, LLC	2033 Main St., Suite 402	<input type="checkbox"/> Add
		Sarasota, Florida 34237	<input checked="" type="checkbox"/> Remove
AMBR	Glenridge Park CCRC, LP	250 Fischer Avenue	<input type="checkbox"/> Add
		Costa Mesa, California 92626	<input checked="" type="checkbox"/> Remove
MGR	PDC Partners Managment, Inc.	250 Fischer Avenue	<input type="checkbox"/> Add
		Costa Mesa, California 92626	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

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

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 2/4/ 2015

Signature of a member or authorized representative of a member

Emilio Francisco, Member of FDC Capital Partners, LLC

Typed or printed name of signee

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Filing Fee: \$25.00

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15 FEB 12 AM 9:39
FEB 12 2015
FEB 12 2015