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| (Requestor's Name) |
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
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| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| LA CHAPELLE SENIOR INVEST | | |
|--|--|-------------------------|
| (<u>Name of the Limited Liabili</u> (A Florida | ty Company as it now appears on our records.) Limited Liability Company) | |
| The Articles of Organization for this Limited Liability C | | and assigned |
| Florida document number L14000147726 | <u></u> . | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the lim | ited liability company here: | |
| The new name must be distinguishable and end with the words "Lin | nited Liability Company," the designation "LLC" or the | e abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDR | RESS) | |
| | | |
| | | 2014 ALL |
| Enter new mailing address, if applicable: | | <u>2</u> |
| (Mailing address MAY BE A POST OFFICE BOX) | | 53 N |
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| B. If amending the registered agent and/or regis | tered office address on our records, ente | the name of the nev |
| registered agent and/or the new registered office add | ress here: | |
| | | |
| Name of New Registered Agent: | · · · · · · · · · · · · · · · · · · · | |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| • | , Florida | |
| | 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.

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> | Type of Action |
|--------------|----------------------|-------------------------|--|
| MGR | LA CHAPELLE, BRIAN S | 12701 S JOHN YOUNG PKWY | |
| | | SUITE 203 | ■ Remove |
| | | ORLANDO, FL 32837 | |
| MGR | LA CHAPELLE, MICHAEL | 12701 S JOHN YOUNG PKWY | Add |
| | | SUITE 203 | ■ Remove |
| | | ORLANDO, FL 32837 | |
| MGR | DE LUIGI, MAYTE | 12701 S JOHN YOUNG PKWY | IN I |
| | | SUITE 203 | Remove - |
| | | ORLANDO, FL 32837 | NY OF STA |
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| Effective date, if other than the The effective date must be specific, can the date this document is filed by the F | e date of filing: (optional) not be prior to date of receipt or filed date and cannot be more than 90 days after lorida Department of State) |
| the date this document is filed by the F. | |
| the date this document is filed by the F | Moute Define |
| the date this document is filed by the F. | Signature of a member of authorized representative of a member |

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