

L 14 000159665

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

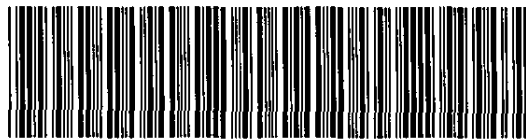
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800264354638

RECEIVED
FILED
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
14 OCT 16 AM 9:14
20 OCT 16 PM 2:29



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 334811 4358473

AUTHORIZATION :

COST LIMIT : \$ 25.00

[Handwritten signature]

ORDER DATE : October 13, 2014

ORDER TIME : 10:48 AM

ORDER NO. : 334811-040

CUSTOMER NO: 4358473

DOMESTIC AMENDMENT FILING

NAME: HILLSBOROUGH COUNTY
DEVELOPMENT LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
 RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER'S INITIALS: _____

FILED
14 OCT 16 AM 9:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Hillsborough County Development 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:

Kathryn Kovach

Name of Person

Genesis HealthCare LLC

Firm/Company

101 E. State Street

Address

Kennett Square, PA 19348

City/State and Zip Code

kathryn.kovach@genesishcc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kathryn Kovach

610

925-4237

at ()

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**

Hillsborough County Development 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 10/13/2014 and assigned
Florida document number L14000159665.

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 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)

FILED
14 OCT 16 AM 9:12
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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:

New Registered Office Address:

Enter Florida street address

City, Florida

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>	<u>Type of Action</u>
AMBR	Michael Berg	101 E. State Street	<input checked="" type="checkbox"/> Add
		Kennett Square, PA 19348	<input type="checkbox"/> Remove
AMBR	Paul D. Bach	101 E. State Street	<input checked="" type="checkbox"/> Add
		Kennett Square, PA 19348	<input type="checkbox"/> Remove
AMBR	Christopher Brad Evans	101 E. State Street	<input checked="" type="checkbox"/> Add
		Kennett Square, PA 19348	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
OCT 18 AM 9:12

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

Dated October 15, 2014



Signature of a member or authorized representative of a member

Thomas DiVittorio

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

14 OCT 16 AM 9:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA