

L14000162003

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17 DEC 15 10 12:34
TALLAHASSEE, FLORIDA

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DEC 18 2017



TLC Management

December 13, 2017

Florida Department of State
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

RE: Articles of Amendment to Change Name of Limited Liability Company
Colony SNF Operations LLC
Florida Document Number: L14000162003 (*October 16, 2014*)

Dear Registrar:

The Members and Management of Colony SNF Operations LLC desires to change the name of the company to Hernando Health Care Properties LLC. Pursuant to the Florida Statute 605.0202, Amendment or Restatement of Articles of Organization:

PRESENT NAME OF COMPANY: Colony SNF Operations LLC
DATE OF FILING OF ARTICLES OF ORGANIZATION: October 16, 2014
AMENDMENT: (Please see attached)

Should you have any questions regarding the enclosed information, please contact Jennifer Young, Executive Assistant to Dwight A. Ott, at (765) 664-5400, ext. 3502 or by e-mail at Jennifer.young@tlcmgmt.com.

Sincerely,

COLONY SNF OPERATIONS LLC

Dwight A. Ott
Authorized member

/jly

Enclosure

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Colony SNF Operations 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:

Dwight A. Ott

Name of Person

Tender Loving Care Management, Inc.

Firm/Company

1800 N. Wabash Rd

Address

Marion, IN 46952

City/State and Zip Code

Jennifer.Young@tlcmgmt.com

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

For further information concerning this matter, please call:

Jennifer Young, Executive Assistant to Dwight A. Ott

765 664-5400
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**

Colony SNF Operations 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 October 17, 2014 and assigned
Florida document number L14000162003.

This amendment is submitted to amend the following:

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

Hernando Health Care Properties LLC

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:

1800 N Wabash Rd

(Principal office address MUST BE A STREET ADDRESS)

Marion, IN 46952

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:

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

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

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10/10/10

17 DEC 15 11:12:34

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 December 13

2012

Signature of a member or authorized representative of a member

Dwight A. Ott, Member

Typed or printed name of signee