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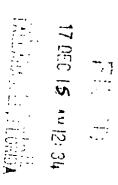
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December 13, 2017

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 <u>Colony SNF Operations LLC</u> desires to change the name of the company to <u>Hernando Health Care Properties LLC</u>. 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 SNE OPERATIONS LLC

Dwight A. Ott Authorized member

/jly

Enclosure

COVER LETTER

	gistration Sec ision of Corp			
SUBJECT:	Colony SNF Operations LLC			
SUBJECT:		Name of Limited Liability Company		
The enclosed	d Articles of A	Amendment and fee(s) are sub	mitted for filing.	
		idence concerning this matter	-	
		Dwight A. Ott		
			Name of Person	
		Tender Loving Care Mana	gement, Inc.	
			Firm/Company	
		1800 N. Wabash Rd		
		_	Address	
		Marion, IN 46952		
			City/State and Zip Code	
		Jennifer,Young@tlcmgmt.c		
		E-mail address: (to be used for future annual report notific	ration)
For further i	nformation co	ncerning this matter, please co	ıll:	
Jennifer Yo	ung, Executiv	e Assistant to Dwight A. Ott	765 664-5400	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	check for the	e following amount:		
□ \$25.00 F	iling 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:

TO:

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 <u>L140001</u>62003 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 1800 N Wabash Rd Enter new principal offices address, if applicable: Marion, IN 46952 (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: New Registered Office Address: Enter Florida street address

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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member			
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□ Add
			Change
			Add
			Remove
			□ Change
			☐ Remove
			D-Add
			Remove
			Change
			Add
			□ Remove
			☐ Change
			Remove
			□ Channa

D. If amending any other information, enter chang	
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	not be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3) the applicable statutory filing requirements, this date will not be listed as the
f the record specifies a delayed effective date b) The 90th day after the record is filed.	, but not an effective time, at 12:01 a.m. on the earlier of:
Dated December 13 . 2	017
Signatur of a mem	ber or authorized representative of a member
Dwight A. Ott, Member	
	ed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00