# Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

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Division of Corporations

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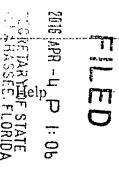
\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LAKELAND NURSING REALTY LLC

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Electronic Filing Menu Corporate Filing Menu



APR 0 5 2016

# **COVER LETTER**

TO:		stration Se sion of Co				
SUBJI	rct,	Lakeland N	Vursing Realty LLC			
SUBIL			Name of Lin	nited Liability Comp	any	
The en	closed	Articles of	Amendment and fee(s) are sub	omitted for filing,		
Please	return :	all correspo	ondence concerning this matter	to the following:		
			Ryan Kray			
				Name of Per	вол.	
			Ulmer & Berne LLP			
				Firm/Compa	ny	
			1660 West 2nd Street, Sui	te 1100		
				Address	<del></del>	
			Cleveland, Ohio 44113			
				City/State and Zi	p Code	
			dgottesman@ulmer.com	· · · · · · · · · · · · · · · · · · ·		
For fire	ther inf	ormation c	e-mail address: (	to be used for future	annual report n	ouncation)
Ryan i			o	216	583-7344	
———		32	CD	at (	_)	
		Name o	f Person	Area Co	de Day	time Telephone Number
Enclose	ed is a	check for t	ne following amount:			
<b>\$2</b> :	5.00 Fil	ing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filin Certified C (additional co		☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Registr Divisio P.O. Be	ING ADDRESS: ation Section in of Corporations ox 6327 ussee, FL 32314	Re . D: CI 26	gistration Sec vision of Corp ifton Building	porations Center Circle

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Lakeland Nursing Realty LLC			
(Name of the Limit	ed Liability Compa (A Florida Limited I	ny as it now appears on our recerds.) Jability Company)	53 3
The Articles of Organization for this Limited Li Florida document number L15000137390  This amendment is submitted to amend the following the content of the	ability Company	•	RY STATE STATE
A. If amending name, enter the new name of	the limited liab	lity company here:	•
	·	<u> </u>	
The new name must be distinguishable and contain the w	ords "Limited Liabili	-	the abbreviation "L.L.C."
Enter new principal offices address, if applica	able:	31100 Solon Road, Suite 9	<del></del>
(Principal office address MUST BE A STREE	r ADDRESS)	Solon, Ohio 44139	
Enter new mailing address, if applicable:		31100 Sólon Road, Suite 9	
(Mailing address MAY BE A POST OFFICE i	30X)	Solon, Ohio 44139	
B. If amending the registered agent and/or registered agent and/or the new registered of			nter the name of the new
Name of New Registered Agent:	C T Corporation	1 System	
New Registered Office Address:	New Registered Office Address: 1200 South Pine Island Road		
		Enter Florida street address	
	Plantation	, Florid	~
		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

Page 1 of 3

Kristin Bolden Assistant Secretary 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>	Name	Address	Type of Action
MGR	Max Stesel	8170 McCormick Blvd., Suite 220	
		Skokie, IL 60076	■ Remove
			Change
AMBR	Palm Terrace J-Dek Realty LLC	31100 Solon Road, Suite 9	• Add
		Solon, Ohio 44139	□ Remove
			□ Change
	· · · · · · · · · · · · · · · · · · ·		D Add
			□ Remove
	•		Change
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~	t as to about the	0 - 1 4 - 6 CV	(antional)
n effe	ve date, if other than	the date of filing:  must be specific and cannot be prior to date of filing or more than  must be specific and cannot be prior to date of filing or more than	n 90 days after filing.) Pursuant to 605.0207
ote: I ocume	t the date inscreed in the int's effective date on the	his block does not meet the applicable statutory filing require Department of State's records.	nonena, dip and with not be insee as
reco	ord specifies a dela 90th day after the	ayed effective date, but not an effective time, record is filed.	at 12:01 a.m. on the earlier of
		2017	
ated_	March 29	2016	
	Eller	A	27
	<del></del>	Signature of a member or authorized representative of a m	ember
	Elliott Jacobs, Auth	horized Representative	
		Typed or printed name of signee	500
		Page 3 of 3	F STATE
		Filing Fee: \$25.00	5E 8