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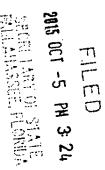
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COVER LETTER

TO:		tration Secti ion of Corpo		Ł.	
CIID IE	ECT:	SPB _, OPERAT			
SUBJE	.ci: _		Name of Limit	ed Liability Company	
The end	closed A	Articles of An	nendment and fee(s) are subn	nitted for filing.	
Please	return a	ll correspond	ence concerning this matter to	o the following:	
			SIOBAUGHN SHELDON		
Name of Person NUVISTA HEALTHCARE INVESTORS, LLC				Name of Person	
				Firm/Company	
			2979 PGA BOULEVARD,	SUITE 201	
				Address	
			PALM BEACH GARDENS	S, FL 33410	
				City/State and Zip Code	
			SSHELDON@PALMHP.CO		
			E-mail address: (to	be used for future annual report notificat	ion)
For fur	ther info	ormation cond	perning this matter, please cal	II:	
SIOBA	AUGHN	SHELDON		561 366-6600 at () Area Code Daytime Te	
		Name of Po	erson	Area Code Daytime Te	lephone Number
Enclose	ed is a c	heck for the f	following amount:		
■ \$25	5.00 Fili	ing 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

FILED

ARTICLES OF ORGANIZATION **OF**

2015 OCT -5 PM 3: 24

SPB 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 C	Company were filed on AUGUST 27, 2015	and assigned
Florida document number L15000147043	_·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
NHI SPB OPERATIONS LLC		
The new name must be distinguishable and contain the words "Lim	ited 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 ADDR	(ESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office additional agent.		er the name of the new
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	d 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>	Address	Type of Action
			Add
			□ Remove
			Change
			□ Add
			□ Remove
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	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie a 90th day after the record is filed.	r of:
Dated	OCTOBER 2 2015	
Date		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00