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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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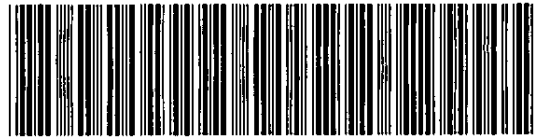
(Business Entity Name)

(Document Number)

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07/27/16--01013--002 **25.00

16 JUL 27 AM 7:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LEGACY LIFESTYLES SENIOR HOUSING GP, 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:

Name of Person
Firm/Company
2300 Curlew Rd, Suite 100
Address
Palm Harbor, FL 34683
City/State and Zip Code
jwhitcher@barclaygroupeast.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jessica Witcher 727 733-7585 ext.303
Name of Person at () 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**

LEGACY LIFESTYLES SENIOR HOUSING GP, 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 04/13/2016 and assigned
Florida document number L16000072230.

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 contain 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) _____

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

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

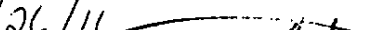
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	LV Senior Housing, LLC	5237 Summerlin Commons Blvd,	☒ Add
		Suite 371	☐ Remove
		Ft Myers, FL 33907-2158	☐ Change
MGR	Marchant Member Corp	4197 Walkers Line	☒ Add
		Burlington, ON	☐ Remove
		L7M 0Y3	☐ Change
MGR	BV US, LLC	2300 Curlew Rd, Suite 100	☒ Add
		Palm Harbor, FL 34683	☐ Remove
			☐ Change
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16 JUL 27 AM 7 57
SECRETARY'S OFFICE
TALLAHASSEE, FLORIDA

16 JUL 27 AM 7 87
SECURITY DIV
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 07-11-2001 BY 60322 UCBAW

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.

Dated 7/26/11



Signature of a member or authorized representative of a member

Typed or printed name of signee