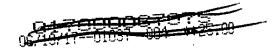
LICOUPOS68

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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SECRETARY OF STATE
SECRETARY OF STATE

D. SCOTT JUL 7 2017



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 20, 2017

FRANK KEASLER 645 MAYPORT RD SUITE 5 ATLANTIC BEACH, FL 32233

SUBJECT: OAKS AT NORMANDY ACQUISITION, LLC

Ref. Number: L16000090868



We have received your document for OAKS AT NORMANDY ACQUISITION, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

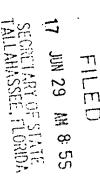
The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Pijeaux Regulatory Specialist

Letter Number: 117A00012509



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OAKS AT NORMANDY ACQUI		rs on our records \
(Maine of the Lini	ited Liability Company as it now appea (A Florida Limited Liability Company)	is on our records.
The Articles of Organization for this Limited I Florida document number L16000090868	Liability Company were filed on M	AY 9, 2016 and assigned
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name of	of the limited liability company h	ere:
		Leiner W. I. C.
The new name must be distinguishable and contain the	words Limited Liability Company," the C	resignation LLC or the appreviation LLC.
Enter new principal offices address, if appli	cable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	UN 29 THANSSE
		70 20
Enter new mailing address, if applicable:		9 × ×
(Mailing address MAY BE A POST OFFICE		57 S
•	•	
B. If amending the registered agent and registered agent and/or the new registered of		our records, enter the name of the n
Name of New Registered Agent:	GENERAL MANAGEMENT A	ND AGENT SERVICES, LLC
New Registered Office Address:	645 MAYPORT ROAD, SUITE	5
The Mingle Control Andreas	Enter Flo	rida street address
	ATLANTIC BEACH	, Florida ³²²³³
	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

By: Jeff D. Klotz, Manager

Page 1 of 3

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
AMBR	JEFF D. KLOTZ	645 MAYPORT ROAD, SUITE 5	■ Add
		ATLANTIC BEACH, FL 32233	Remove
	•		☐ Change
MGR	KABR MANAGEMENT IV, LLC	100 CHALLENGER ROAD, SUIT	
		RIDGEFIELD PARK, NJ 07660	□ Remove
		···	Change
			Add
	·		□ Remove
			Change
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			Remove
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			Cháfige
			Add
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ffective date is li	isted, the date must be speci	ific and cannot be prior	r to date of filing or m	ore than 90 days after	filing.) Pursuant to 605.0
	serted in this block does be date on the Departmen			g requirements, this	date will not be listed
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90th day	ies a delayed effect after the record is f	filed.	it an enective i	illie, at 12.01 a	in. Of the Biller
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	JUNE 16	2017			111
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Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00