| (Re | equestor's Name) | · · · · · · · · · · · · · · · · · · · |
|-------------------------|--------------------|---------------------------------------|
| (Ad | idress) | |
| (Ad | idress) | |
| (Cit | ty/State/Zip/Phone | · #) |
| PICK-UP | MAIT | MAIL |
| (Bu | isiness Entity Nan | ne) |
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| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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COVER LETTER

| TO: Registration Se Division of Con | ection rporations | | .9 |
|--|--|---|---|
| | | | * ne. |
| SUBJECT: MDG of D | oral, LLC | | |
| | | nited Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub | omitted for filing. | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | George E. Mueller, Jr. | | |
| | | Name of Person | |
| | MDG of Doral, LLC | | |
| | | Firm/Company | |
| | 400 Columbia Drive, Suit | e 105 | |
| | | Address | · · · · · · · · · · · · · · · · · · · |
| | West Palm Beach, FL 334 | 109 | |
| | | City/State and Zip Code | |
| | • | | |
| P 6 1 1 6 . | | | ication) |
| For further information c | oncerning this matter, please o | ail: | |
| Name of Person MDG of Doral, LLC Firm-Company 400 Columbia Drive, Suite 105 Address West Palm Beach, FL 33409 | | | |
| Name o | f Person | Area Code Daytime | Telephone Number |
| Enclosed is a check for the | ne 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 Tallahassec, 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

| MDG of Doral, LLC | | |
|--|---|---|
| (Name of the Limited Lin (A Flo | ability Company as it now appears on our records.) orida Limited Liability Company) | |
| The Articles of Organization for this Limited Liability Florida document number L16000148004 | ty Company were filed on 8/8/2016 a | nd assigned |
| This amendment is submitted to amend the following | g: | |
| 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 abbrevia | tion "L.L.C." |
| Enter new principal offices address, if applicable: | | ∞ ≤∞ |
| (Principal office address MUST BE A STREET AL | ODRESS) | <u> </u> |
| | | |
| | | 76.50 16.30 |
| Enter new mailing address, if applicable: | | 3 000 ∨ |
| (Mailing address MAY BE A POST OFFICE BOX | 2 | , 65 |
| | *************************************** | |
| B. If amending the registered agent and/or re registered agent and/or the new registered office a | egistered office address on our records, <u>enter the raddress here</u> : | name of the nev |
| 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> | Address | Type of Action |
|--------------|---------------------|---------------------------|----------------|
| MGR | Sr. Housing 74, LLC | 400 Columbia Drive | Add |
| | | Suite 105 | 5 .0 |
| | | West Palm Beach, FL 33409 | Change |
| MGR | Red Ball 46, LLC | | 5 |
| | | Suite 105 | ■ Remove |
| | | West Palm Beach, FL 33409 | Change |
| | | | |
| | | | ☐ Remove |
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| ffective d | ate, if other tha | n the date of | ming: | iber 10, 2018 | ((| optional) | |
| Note: If the | date is listed, the deduction date inserted in effective date on | this block does | not meet the ap | plicable statutory | g or more than 90 days filing requirements | after filing.) Pursuant to a , this date will not be l | 505.020 isted a |
| e record The 90t | specifies a de h day after th | layed effecti e record is fi | ve date, but led. | not an effecti | ive time, at 12:(| 01 a.m. on the ea | dier (|
| Dated Septe | ember 10 | | 2018 | <i>1</i> − 00 · . | | | |
| | | / | 124/ | | | | |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00