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COVER LETTER

Div	ision of Cor	porations				
SUBJECT:	VC Tallahassee Senior Housing GP, LLC					
SUBJECT		Name of Lim	ited Liability Company			
The enclosed	l Articles of .	Amendment and fee(s) are sub	mitted for filing.			
Please return	all correspo	ndence concerning this matter	to the following:			
		Jason O. Floyd				
			Name of Person			
		Vestcor Companies, Inc.				
			Firm/Company			
		3030 Hartley Road, Suite 310				
			Address			
		Jacksonville, Florida 3225	7			
			City/State and Zip Code			
		bowles@vestcor.com				
		E-mail address: (to be used for future annual report notif	leation)		
For further in	nformation co	oncerning this matter, please ca	all:			
Jason O. Flo	•		904 288-7822 at ()			
	Name of	f Person	at () Area Code Daytime	: Telephone Number		
Enclosed is a	check for th	e following amount:				
■ \$25.00 F	iling 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:

TO:

Registration Section

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

VC Tallahassee Senior Housing GP, LLC		<u> </u>
(<u>Name of the Limited Liability (</u> (A Florida Li	Company as it now appears on our recomited Liability Company)	<u>ords.</u>)
The Articles of Organization for this Limited Liability Con Florida document number <u>L17000213946</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
The new name must be distinguishable and contain the words "Limited	I Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE.	<u> </u>	≅ ≥≤
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		0F C 0F C
Enter new mailing address, if applicable:		9 CO2.01
(Mailing address MAY BE A POST OFFICE BOX)		T ÖR
		0 : 0 : 1 : 0 : 1 : 0 : 0 : 1 : 0 : 0 :
B. If amending the registered agent and/or register registered agent and/or the new registered office address Name of New Registered Agent: New Registered Office Address:		
	<u>, </u>	Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered A	Agent:	
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and com- accept the obligations of my position as registered agen being filed to merely reflect a change in the registered of company has been notified in writing of this change.	uplete performance of my duties, at as provided for in Chapter 60.	and I am familiar with and 5, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Vestcor, Inc.	3030 Hartley Road, Suite 310 Jacksonville, FL 32257	Add
			■ Remove
			Change
MGR	JDR Partners, Inc.	3030 Hartley Road, Suite 310 Jacksonville, FL 32257	■ Add
		 	☐ Remove
			Change
			
			Remove
			Change
			Add
			☐ Remove
			Change
			
			□ Remove
			Change
			Add
			□ Remove
			☐ Change

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ffective date, if other tha	n the date of f	iling:		(o	ptional)	
an effective date is listed, the da lote: If the date inserted in to ocument's effective date on	his block does n	ot meet the appli	cable statutory fi			
e record specifies a de The 90th day after the			ot an effectiv	e time, at 12:0	1 a.m. on the	earlier o
ated		2018				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00