## 119000150917

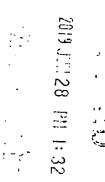
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Certified Copies	Copies Certificates of Status	
Special Instructions to	Filing Officer:	

Office Use Only



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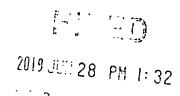
## **COVER LETTER**

TO: Registration Sec Division of Corp			
PKD Grand	Oaks LLC		
SUBJECT:	Name of Limit	ted Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspo	ndence concerning this matter t	to the following:	
	Jeffrey C Steinert		
		Name of Person	<del>.</del>
	Pepple Cantu Schmidt PLL	.c	
		Firm/Company	
	801 2nd Avenue, Suite 700		
		Address	<del></del>
	Seattle, WA 98104		_
	JSTEINERT@PCSLEGAL	City/State and Zip Code .COM	
		to be used for future annual report notifi	cation)
For further information of	concerning this matter, please ca	all:	
Jeffrey C Steinert		206 625-9984 at ()	
Name o	of Person		Telephone Number
Enclosed is a check for t	he 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



PKD Grand Oaks LLC

## 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

Enter Florida street address

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>	Type of Action
MGR	PKD Grand Oaks Manager LLC	5403 W Gray St	
		Tampa, FL 33609	Remove
			☐ Change
VP	Peter H. Leach	5403 W Gray St	
		Tampa, FL 33609	Remove
			Change
VP	Kevin M. Justice	5403 W Gray St	Add
		Tampa, FL 33609	Remove
			Change
			Add
			Remove
			□ Change
			☐ Remove
			Remove

	nation, enter change(s) here: (Attach additional sheets, if necessary.)	
		<del></del>
		<del></del>
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<u> </u>		
		<del></del>
Note: If the date inserted in th	the date of filing:	to 605.0207 be listed as
the record specifies a dela ) The 90th day after the	yed effective date, but not an effective time, at $12:01\ a.m.$ on the electric is filed.	earlier of
Dated	2019	
1:1:	JPn/	_
	Signature of amember or authorized representative of a member	
J David Page, Man	ger of PKD Grand Oaks LLC	

Page 3 of 3

Filing Fee: \$25.00