Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000368581 3)))



H210003885813AFICE

| -1 FH 4:22 | To: #From; | Division of Corporations  Fax Number : (850)617-6383  Account Name : BURR & FORMAN LLP Account Number : I19990000278  Phone : (407)540-6600  Fax Number : (407)540-6601 | SECRETARY OF STATE<br>TAILLAHASSEE, FLORIDA | 2021 OCT -1 PH 1: 34 |  |
|------------|------------|---|---|----------------------|--|
| 2021 OCT   | 3₹ anr     | the email address for this business entity to be used for future nual report mailings. Enter only one email address please.**   |   |                      |  |

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SNF PROPERTIES II, LLC

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 0       |
| Page Count            | 04      |
| Estimated Charge      | \$25.00 |

OCT = 4 2021

S. PRATHER

Electronic Filing Menu

Corporate Filing Menu

Help

## ARTICLES OF AMENDMENT TO OF.

ARTICLES OF ORGANIZATION SNF Properties II, 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 May 27, 2020 Florida document number \_\_\_\_\_\_120000144462 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 "LLC." 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 Elorida street address Florida

## New Registered Agent's Signature, if changing Registered Agent:

Page: 3 of 5

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-hability 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          | Scott I. Friedman                       | 3139 Winding Pine Trail | <u></u>        |
|              |   | Longwood, FL 32779      | ∐Remove        |
|              |   |                         | □Change        |
| <del></del>  |   |                         | □Add           |
|              |   |                         | □ Remove       |
|              |   |                         | ClChange       |
|              |   |                         | 🖸 Add          |
|              |   |                         | □Remove        |
|              |   | <del></del>             | ☐ Change       |
|              | 11-18-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1 | -                       | □Add           |
|              |   |                         | □Remove        |
|              |   |                         | □Change        |
|              |   |                         |                |
|              |   |                         |                |
|              |   |                         | Change         |
|              |   |                         | []Add          |
|              |   |                         | filemove       |
|              |   |                         | □Change        |

| -   |   |             |
|---|---|-------------|
|   |   |             |
|   |   |             |
|   |   |             |
|   |   |             |
|   |   |             |
|   |   |             |
| <del></del>   |   |             |
|   |   |             |
|   |   |             |
| <del></del>   |   |             |
|   |   |             |
| -/  |   |             |
| (If an effective date is line) Note: If the date in | ther than the date of filing:   | f)(b)<br>ie |
| If the record specifies a record is filed.          | elayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the |             |
| October I<br>Dated                                  | 2021  |             |
|   | Anthony W. Justice  | 2021 OCT -  |
|   | Anthony W. Justice  | <u>C</u> -  |

Typed or printed name of signee