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COVER LETTER (((H240003159573))) TO: Registration Section Division of Corporations CAPTEC SPRING HILL II, LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following. Scott M. Price, Esq. Name of Person Zimmerman, Kiser & Sutcliffe, P.A. Firm/Company 315 E. Robinson Street, Suite 600 Address Orlando, Florida 32801 City/State and Zip Code corporatc@zkslaw.com E-mail address (to be used for future annual report notification) For further information concerning this matter, please call. Emily Bautista, Corporate Paralegal Name of Person Daytime Telephone Number Enclosed is a check for the following amount. ■ \$25.00 Filing Fcc □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

CAPTEC SPRING HILL II, LLC		any as it now appears on our r Liability Company)	ecords,)		_	
The Articles of Organization for this Limited Florida document number L23000053066				ar	ıd assi	gned
This amendment is submitted to amend the fo	llowing:					
A. If amending name, enter the new name	of the limited liab	oility company here:				
The new name must be distinguishable and contain the	words "Limited Liab:	iity Company," the designation	'LLC" or the	abbreviati	on "L.L	. C."
Enter new principal offices address, if appl	icable:	56 Edwards Village Blvd				
Principal office address MUST BE A STRE	ET ADDRESS)	Suite 124-3000-573		<i>ا</i> لان الانتاب	202	
		Edwards CO 81632		100 111	3S t	Mary N
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BON		56 Edwards Village Blvd		大田大学	P 17	
		Suite 124-3000-573			PH	
		Edwards CO 81632			<u></u>	- B
3. If amending the registered agent and/or agent and/or the new registered office address.	registered office a ess hero: Scott M. Price,		iter the na	me of th	e new	<u>registe</u> i
Name of New Registered Agent:	Scott W. Frice,	<u> </u>				
New Registered Office Address:	315 E. Robinso	<u> </u>			_	
		Enter Florida street ad				
	Orlando	Color	, Florida <u>-</u>			
		Cuy		Zip C	ode	

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.

> Scott Price If Changing Registered Agent, Signature of New Registered Agent

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Trainenoing Authorized rerson(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

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