L990ACOUNT HINDCOVERS SIEE 375

ACCOUNT NUMBER:	-CA000000005		
REFERENCE: (Sub Account)			
DATE:	1-29-99		
REQUESTOR NAME:	LEXIS.		•
ADDRESS:			1811/29
			SECRETARY TALLAHASS
TELEPHONE: (_) ()	ext ()	9 PM 12: 38
CORPORATION NAME:	ackson Heights R	ehabilitation	Center, LLC
DOCUMENT NUMBER:(if applicable)	file amend	L99-	6375
AUTHORIZATION:	C-Woodya	nd_	
CERTIFIED COPY CERTIFICATE OF SPLAIN STAMPED CO	TATUS (1-9)	200003	0550527
Call When Ready Walk In Mail Out	() Call if Prob () Will Wait	lem ()A丞:	Ker 6300
		SEE, F	CEIVED 29 AMIL: 34 OF CORPORATION

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

Jackson Hei tation Center, LLC

FIRST:	The dat	e of filing	of th	e an	icles o	f org	aniza	ation	was <u>O</u>	ctob	er	4,	199	9.
SECOND:	The foll liability	owing am company	endm	ent(s) to th	е ап	icles	ofo	rganization	ı was/wei	e adop	red b	y the	limited
									^				,	1

The Limited Liability Company is to be managed by the members and the name and address of the managing Memberis: Extendicare Homes, Inc III w. Michigan St.

Milwaukee, WI 53203

November 23.1999 Sole Member: Extendicare Homes, In

Filing Fee: \$25.00