

99000006379

ACCOUNT FILING COVER SHEET

ACCOUNT NUMBER: FCA000000005

REFERENCE: _____
(Sub Account)

DATE: 11-29-99

REQUESTOR NAME: LEXIS

ADDRESS: _____

TELEPHONE: (____) (____) ext (____)

CONTACT NAME: _____

CORPORATION NAME: Alpine Health and Rehabilitation Center, Inc

DOCUMENT NUMBER: file amendment L99-6379
(if applicable)

AUTHORIZATION: C. Woodyard

- ☐ CERTIFIED COPY (1-9)
- ☐ CERTIFICATE OF STATUS (1-9)
- ☒ PLAIN STAMPED COPY

500003055055-7

- | | | |
|---|--|-------------------------------------|
| <input checked="" type="checkbox"/> Call When Ready | <input type="checkbox"/> Call if Problem | <input type="checkbox"/> After 4:30 |
| <input type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out | | |

WC 11/29
FILED
99 NOV 29 PM 12:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
99 NOV 29 AM 11:34
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Alpine Health and Rehabilitation Center, LLC

(Present Name)
(A Florida Limited Liability Company)

FIRST: The date of filing of the articles of organization was October 4, 1999.

SECOND: The following amendment(s) to the articles of organization was/were adopted by the limited liability company:

The Limited Liability Company is to be managed by the members and the name and address of the managing member is: Extendicare Health Facilities, Inc.
111 W. Michigan St.
Milwaukee, WI 53203

Dated

November 23, 1999

Sole Member: Extendicare Health Facilities, Inc

Timothy J. Murphy, Assistant Secretary

(Signature of a member or authorized representative of a member)

Timothy J. Murphy

Typed or printed name of signee

Filing Fee: \$25.00