

Terry

ACCOUNT FILING COVER SHEET
M0000000002453

ACCOUNT NUMBER: FCA000000005

REFERENCE: 20 25770
(Sub Account)

DATE: 12-26

REQUESTOR NAME: Lexis Document Services

ADDRESS:

TELEPHONE: () (-) ext ()

CONTACT NAME:

CORPORATION NAME: MHC Chain O' Lakes, L.L.C.

DOCUMENT NUMBER:
(if applicable)

000003513560--7

AUTHORIZATION:

C. J. Woodyard
Cynthia J. Woodyard

☒ CERTIFIED COPY (1-9) All Charter Docs (including this amend.)
☒ CERTIFICATE OF STATUS (1-9)
☒ PLAIN STAMPED COPY of amendment
HDD

() Call When Ready
() Walk In
() Mail Out

() Call if Problem
() Will Wait

() After 4:30
() Pick Up

DIVISION OF CORPORATION

00 DEC 26 AM 8:34
RECEIVED
SECRETARY OF STATE
TALLAHASSEE
00 DEC 28 AM 8:48

APPROVED
AND
FILED

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO
FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA**

SECTION I (1-3 must be completed)

1. Name of limited liability company as it appears on the records of the Florida Department of State: MHC CHAIN O' LAKES, L.L.C.
2. Jurisdiction of its organization: Delaware
3. Date authorized to do business in Florida: December 1, 2000

SECTION II (4-7 complete only the applicable changes)

4. If the amendment changes the name of the limited liability company, when was the change effected under the laws of its jurisdiction of organization? _____
5. New name of the limited liability company: _____
6. If the amendment changes the period of duration, indicate new period of duration: _____
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction: _____
8. If the amendment corrects any false statement, indicate the statement being corrected and the correction: change managing member from MHC Operating Limited Partnership
to Near North National Exchange Company
9. Attached is an original certificate, no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in jurisdiction under the law of which this entity is organized.

By: David W. Fell

Signature of a member or the authorized
representative of a member

David W. Fell

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00 DEC 26 AM 8:34

APPROVED
AND
FILED