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| PICK-UP | ☐ WAIT | MAIL |
| (Busin | ness Entity Nai | me) |
| (Docu | ment Number) | |
| Certified Copies | Certificate | s of Status |
| Special Instructions to Fil | ing Officer: | |
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Office Use Only

Per BT Cik. to take CC



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January 8, 2005

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Company Name Change



Dear Florida Department of State,

Please let this letter serve to inform you of the name change of Windsor Senior Services, LLC. Effective December 1, 2004, our name has changed to Legend Senior Living, LLC. Please find enclosed the following documents you have requested.

- Application
- Certificate of Amendment
- Check for \$30 to cover the Certificate of Status & Filing Fee

If you have any questions or require additional information, please contact me at:

Legend Senior Living, LLC 7309 E. 21st Street, Suite 110 Wichita, KS 67206

Phone: 316-616-6200 Fax: 316-616-6210

Sincerely,

Timothy Buchanan

CEO

Legend Senior Living

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

SECTION I (1-3 must be completed)

| 1. | 1. Name of limited liability company as it appears on the records of the Florida Department | | |
|----|--|--|--|
| | of State: WINDSOR SENIOR SERVICES, LLC | | |
| 2. | Jurisdiction of its organization: LANSAS | | |
| 3. | Date authorized to do business in Florida: | | |
| | SECTION II (4-7 complete only the applicable changes) If the amendment changes the name of the limited liability company, when was the | | |
| 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? 12-03-05-3 | | |
| 5. | New name of the limited liability company: | | |
| | LEGEND SENIOR LIVING, 2LC 25 | | |
| 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: | | |
| 3. | If the amendment corrects any false statement, indicate the statement being corrected and the correction: | | |
| | | | |
| | 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 the jurisdiction under the law of which this entity is organized. | | |
| | | | |
| | Signature of a member or the authorized representative of a member | | |
| | Tim BusHANSAN | | |
| | Typed or printed name of signee MANALING. MEMBER | | |
| | Filing Fee: \$25.00 | | |

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Contact Information

Kansas Secretary of State Ron Thornburgh Memorial Hall, 1st Floor 120 S.W. 10th Avenue Topeka, KS 66612-1594 (785) 296-4564 kasos@kssos.org

www.kssos.org

KANSAS SECRETARY OF STATE Kansas Limited Liability Company Certificate of Amendment:

All information must be completed or this document will not be accepted for filing.

12-03-2004 053

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11:55:00 \$35.00 01

1. Name of the limited liability company: Windsor Senior Services, LLC

Name must much the name on record with the secretary of state

2. The limited liability company amends its articles of organization

The name shall be changed to Legend Senior Living, LLC.

I declare under penalty of perjury under the laws of the state of Kansas that the foregoing is true and correct.

Executed on the 23rd of November

Instruction

Submit this form in duplicate with the \$35 filing fee.

Notice: There is a \$25 service fee for all returned checks.

Rav 8/11/03 ame

K.S.A. 17-7674

I hereby certify this to be a true and correct copy of the original on file. Certified on this date: 12/22/2014

Ron Thornburgh. Secretary of State