

MO3000000340

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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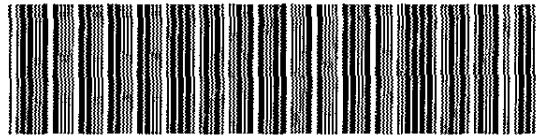
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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STATE
DIVISIONS
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032
REFERENCE : 299721 5124005
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 25.00

ORDER DATE : August 9, 2006

ORDER TIME : 2:50 PM

ORDER NO. : 299721-005

CUSTOMER NO: 5124005

06 AUG 11 AM 9:19
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOMESTIC AMENDMENT FILING

NAME: NHPMN MANAGEMENT, LLC

EFFECTIVE DATE: --

XX ARTICLES OF AMENDMENT
 RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Haddan -- EXT# 2955

EXAMINER'S INITIALS: _____

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

FILED
06 AUG 11 AM 9:19
SECRETARY OF STATE
TALLAHASSEE, 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: NHPMN Management, LLC
2. Jurisdiction of its organization: Delaware
3. Date authorized to do business in Florida: January 28, 2003

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: The name and usual business addresses of the managing members or managers was incorrect on the application for authorization to transact business. The corrected statement is attached.
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 the jurisdiction under the law of which this entity is organized.

Melanie A. Vicknair
Signature of a member or the authorized representative of a member

Melanie A. Vicknair, Assistant Secretary for AIMCO/Bethesda Holdings, Inc., General Manager

Typed or printed name of signer

Filing Fee: \$25.00

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

The name and usual business addresses of the managing member or managers are as follows:

<u>Name</u>	<u>Title</u>	<u>Address</u>
AIMCO/Bethesda Holdings, Inc.	General Manager	4582 S. Ulster Street Pkwy. Suite 1100 Denver, CO 80237
Thomas Osbourne Cowdrey, III	State Manager of Florida and Georgia	12195 Highway 92 Suite 114, Box 300 Woodstock, GA 30188
Donald L. Cappaert	State Manager of Wisconsin	6690 Cardinal Circle Maple Grove, MN 55369
Richard Skoczylas	State Manager of New Jersey	301 Oxford Valley Road Suite 1801, 2nd Floor Yardley, PA 19067
Barbara Dawson	State Manager of Nevada	1200 Torrey Pines Drive #210 Las Vegas, NV 89146
H. Leon Gill	State Manager of North Carolina	3400 Portland Plaza Louisville, KY 40212
Linda Hattasch	State Manager of Arizona	14601 South 32nd Place Phoenix, AZ 85044
George Loomis	State Manager of Hawaii	1026 Waiiki Street Honolulu, HI 96821
Rosetta E. Parker	State Manager of Missouri	1200 South Outer Road Suite 312 Blue Springs, MO 64015
Jean Smith	State Manager of Massachusetts and Rhode Island	31 School Street Taunton, MA 02780
Denise Ward	State Manager of Connecticut	222 Grace Church Street Suite 206B Port Chester, NY 10573
David Zweig	State Manager of New York	2911 West 36th Street 2nd Floor Brooklyn, NY 11224

Delaware

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The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NHPMN MANAGEMENT, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE ELEVENTH DAY OF AUGUST, A.D. 2006.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NHPMN MANAGEMENT, LLC" WAS FORMED ON THE NINTH DAY OF DECEMBER, A.D. 2002.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



3586076 8300

060753974

Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 4968606

DATE: 08-11-06