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Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : CNL FINANCIAL GROUP, INC.  
Account Number : 113615003626  
Phone : (407)650-1000  
Fax Number : (407)540-2699

FILED  
13 APR -9 AM 8:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: eileen.soto@cnl.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
CPT BILLINGS MT SENIOR LIVING, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

RECEIVED  
13 APR -9 AM 6:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANACT 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: CPT Billings MT Senior Living, LLC
- 2. Jurisdiction of its organization: Delaware
- 3. Date authorized to do business in Florida: January 17, 2012

**FILED**  
13 APR -9 AM 8:52  
STATE DEPARTMENT OF STATE  
TALLAHASSEE FLORIDA

**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? February 9, 2012
- 5. New name of the limited liability company: CHT Billings MT Senior Living, LLC  
(must end with "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must end with "Limited Liability Company," "L.L.C." or "LLC.")

- 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:  
\_\_\_\_\_

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.

  
Signature of a member or the authorized representative of a member

Amy J. Patterson  
Typed or printed name of signee

Filing Fee: \$25.00

# Delaware

PAGE 1

*The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED ARE TRUE AND CORRECT COPIES OF ALL DOCUMENTS ON FILE OF "CMT BILLINGS MT SENIOR LIVING, LLC" AS RECEIVED AND FILED IN THIS OFFICE.

THE FOLLOWING DOCUMENTS HAVE BEEN CERTIFIED:

CERTIFICATE OF FORMATION, FILED THE SIXTH DAY OF JANUARY, A.D. 2012, AT 7:11 O'CLOCK P.M.

CERTIFICATE OF AMENDMENT, CHANGING ITS NAME FROM "CPT BILLINGS MT SENIOR LIVING, LLC" TO "CMT BILLINGS MT SENIOR LIVING, LLC", FILED THE NINTH DAY OF FEBRUARY, A.D. 2012, AT 12:24 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE AFORESAID LIMITED LIABILITY COMPANY, "CMT BILLINGS MT SENIOR LIVING, LLC".

5092163 8100H

120160003



*Jeffrey W. Bullock*  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 9360699

DATE: 02-13-12

State of Delaware  
Secretary of State  
Division of Corporations  
Delivered 12:24 PM 02/09/2012  
FILED 12:24 PM 02/09/2012  
SRV 120143361 - 5092163 FILE

**CERTIFICATE OF AMENDMENT  
TO  
CERTIFICATE OF FORMATION  
OF  
CPT BILLINGS MT SENIOR LIVING, LLC**

**FIRST.** The name of the limited liability company is CPT BILLINGS MT SENIOR LIVING, LLC (the "Company").

**SECOND.** Article 1 of the Certificate of Formation of the Company, filed on January 6, 2012 in the Office of the Secretary of State of the State of Delaware, shall be amended as follows:

The name of the Company shall be: CHT Billings MT Senior Living, LLC

IN WITNESS WHEREOF, the undersigned Authorized Person of the Company has executed this Certificate of Amendment to Certificate of Formation this 9th day of February, 2012.

By: /S/ AMY J. PATTERSON  
Name: Amy J. Patterson  
Title: Authorized Person