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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

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 GRAND ISLAND NE SENIOR LIVING, LLC

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

RECEIVED

13 APR -9 AM 6:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13 APR -9 AM 11:26

FILED

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. Name of limited liability company as it appears on the records of the Florida Department of State: CPT Grand Island NE Senior Living, LLC
- 2. Jurisdiction of its organization: Delaware
- 3. Date authorized to do business in Florida: January 17, 2012


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 Grand Island NE 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

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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 GRAND ISLAND NE 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 7:13 O'CLOCK P.M.

CERTIFICATE OF AMENDMENT, CHANGING ITS NAME FROM "CPT GRAND ISLAND NE SENIOR LIVING, LLC" TO "CMT GRAND ISLAND NE SENIOR LIVING, LLC", FILED THE NINTH DAY OF FEBRUARY, A.D. 2012, AT 12:25 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 GRAND ISLAND NE SENIOR LIVING, LLC".



5092167 8100H

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You may verify this certificate online at corp.delaware.gov/authres.shtml


Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 9360707

DATE: 02-13-12

State of Delaware
Secretary of State
Division of Corporations
Delivered 12:25 PM 02/09/2012
FILED 12:25 PM 02/09/2012
SRV 120143394 - 5092167 FILE

CERTIFICATE OF AMENDMENT

TO

CERTIFICATE OF FORMATION

OF

CPT GRAND ISLAND NE SENIOR LIVING, LLC

FIRST. The name of the limited liability company is CPT GRAND ISLAND NE 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 Grand Island NE 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