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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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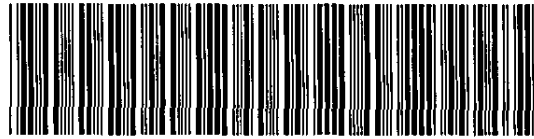
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
2014 OCT 14 AM 9:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
DEPARTMENT OF STATE
14 OCT 14 PM 4:02

OCT 15 2014
T CLINE

M13-6414



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 336537 5168766

AUTHORIZATION :

COST LIMIT :

Lyndee Allen
\$ 25.00

ORDER DATE : October 14, 2014

ORDER TIME : 2:16 PM

ORDER NO. : 336537-030

CUSTOMER NO: 5168766

FILED
2014 OCT 14 AM 9:01
SECOND DISTRICT
TALLAHASSEE, FLORIDA

FOREIGN FILINGS

NAME: GREYSTONE HOSPICE OF DISTRICT
7B LLC

☐ CORPORATE
☐ LIMITED PARTNERSHIP
☒ LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY
☒ PLAIN STAMPED COPY
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER: _____

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY 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: Greystone Hospice of District 7B LLC

2. Jurisdiction of its organization: Delaware

3. Date authorized to do business in Florida: 10/09/2013

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

4. New name of the limited liability company: Greystone Hospice of District 5A LLC
(must contain "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 contain "Limited Liability Company," "L.L.C." or "LLC.")

5. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

6. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change: _____

7. Attached is an original certificate, if required: 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 the authorized representative

David Witt

Typed or printed name of signee

Filing Fee: \$25.00

FILED
2014 OCT 14 AM 9:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "GREYSTONE HOSPICE OF DISTRICT 7B LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "GREYSTONE HOSPICE OF DISTRICT 5A LLC", THE FOURTEENTH DAY OF OCTOBER, A.D. 2014, AT 2:08 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

5411550 8320

141291054

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




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 1778467

DATE: 10-14-14