

Division of Corporations

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M14DDDD5692

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

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Phone : (850) 222-1092
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DIVISION OF CORPORATIONS
ELECTRONIC FILING SERVICES

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

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GRAND LIVING MANAGEMENT, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB 27 2015

S. YOUNG

Electronic Filing Menu

Corporate Filing Menu

Help

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of State: Grand Living Management LLC
2. The Florida document number of this limited liability company is: M14000005692
3. Jurisdiction of its organization: Minnesota
4. Date authorized to do business in Florida: 08/08/2014

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

Grand Living Holdings, 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.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida Street Address

City

Florida

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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

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

Type/Capacity	Name	Address	Type of Action
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

9. Attached is a 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

Dan R. Peterka

 Typed or printed name of officer

Filing Fee: \$25.00

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 TALLAHASSEE, FLORIDA

109 660330024

LLC PAUS NAME
Teg Office

**MINNESOTA SECRETARY OF STATE
AMENDMENT OF ARTICLES OF ORGANIZATION
FOR A LIMITED LIABILITY COMPANY
MINNESOTA STATUTES CHAPTER 322B**

PLEASE TYPE OR PRINT IN BLACK INK.

READ THE INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILING FEE \$35.00

1. Name of Company: GRAND LIVING MANAGEMENT, LLC

List the name of this company prior to filing this amendment.

AMENDMENT OPTIONS: The articles of organization for this Limited Liability Company are amended. COMPLETE AS MANY AMENDMENT OPTIONS AS APPLY. COMPLETE AN OPTION ONLY IF YOU ARE CHANGING THE INFORMATION RELATED TO THAT OPTION.

2. The company name is changed to: (see instructions in No. 2 on the reverse side prior to completing)

Holdings
Grand Living Holding, LLC

3. The registered office address is changed to:

21940 Minnetonka BoulevardExcelsiorMN 55331Corporate Street Address or Rural Route and Rural Route Box Number City State ZIP Code
(P.O. Box is Unacceptable)

4. The registered agent is changed to:

5. The duration changed to:

6. Business mailing address: (if different from registered office address)

AddressCityStateZIP Code

7. The articles of organization are otherwise amended as follows:

This amendment has been approved pursuant to Minnesota Statutes Chapter 322B. I certify that I am authorized to execute this amendment and I further certify that I understand that by signing this amendment, I am subject to the penalties of perjury as set forth in Minnesota Statutes Section 609.48 as if I had signed this amendment under oath.

Original Signature

Diane L. Ketcher

STATE OF MINNESOTA
DEPARTMENT OF STATE
FILED

Name of contact person for this LLC

Diane L. Ketcher

SEP 25 2014

and telephone number 612-367-8765

Mark Kishie
Secretary of State

