

M14000008965

Division of Corporations

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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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

From: Account Name : GREENSPOON MARLER, P.A.  
Account Number : 076064003722  
Phone : (888)491-1120  
Fax Number : (954)343-5962

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

Email Address: smunroe@williamsmullen.com

NEED CERTIFIED COPY - PLEASE MAKE CHANGE BELOW.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
FSLD COOPER CITY, L.L.C.

THANK YOU!!

Certificate of Status	0
Certified Copy	1
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
15 MAR 19 AM 7:06

FILED

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: FSLD Cooper City, L.L.C.
2. The Florida document number of this limited liability company is: M14000008968
3. Jurisdiction of its organization: Delaware
4. Date authorized to do business in Florida: 12/09/2014

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

- 5. New name of the limited liability company: SHI-II FSLD Cooper City, LLC (must contain "Limited Liability Company," "LLC," or "LLC.")

(If more available, 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," "LLC," 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:

State: Florida

City: Tallahassee

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, P.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

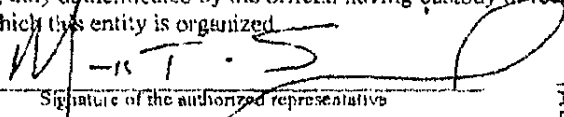
- 7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

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

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

**Mark T. Spiegel, Authorized Person**  
 \_\_\_\_\_  
 Typed or printed name of signer

Filing Fee: \$25.00

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State of Delaware  
Secretary of State  
Division of Corporations  
Delivered 03:45 PM 03/06/2015  
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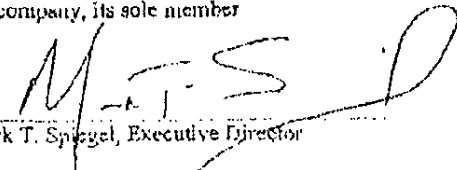
STATE of DELAWARE  
LIMITED LIABILITY COMPANY  
CERTIFICATE of AMENDMENT

1. The name of the limited liability company is:  
FSLD Cooper City, L.L.C.
2. The Certificate of Formation of the limited liability company is hereby amended as follows:  
The name of the limited liability company shall be changed to:  
SHI-II FSLD Cooper City, LLC
3. This Certificate of Amendment shall be effective on filing.

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Amendment of FSLD Cooper City, L.L.C. on this March 5, 2015.

FSLD COOPER CITY, L.L.C.

By: FSLD JV Manager, LLC, a Delaware limited liability company, its sole member

By:   
Mark T. Spiegel, Executive Director