

M15000000757

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

15 MAR 11 PM 2:34

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TO ACKNOWLEDGE
SUFFICIENCY OF FILING

FILED

15 MAR 12 PM 4:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00641

1-800-MAR-13 2015

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

55

236 East 6th Avenue, Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP:

3-11-15



CERTIFIED COPY



PHOTOCOPY



CUS



FILING

LLC Amend

1.

Fort Myers Housing II Propco, LLC

(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Fort Myers Senior Housing II PROPCO, LLC

Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Meegan T. Motisi

Name of Person

Kayne Anderson Real Estate Advisors, LLC

Firm/Company

One Town Center Rd., Ste 300

Address

Boca Raton, FL 33486

City/State and Zip Code

mmotisi@kaynecapital.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Meegan T. Motisi

Name of Person

at (561) 300-6200

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☒ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

Corrected

March 12, 2015

CORPORATE ACCESS, INC.

SUBJECT: FORT MYERS SENIOR HOUSING II PROPCO, LLC
Ref. Number: M15000000757

We have received your document for FORT MYERS SENIOR HOUSING II PROPCO, LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tim Burch
Regulatory Specialist II

Letter Number: 015A00005031

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
15 MAR 12 PM 2:16
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**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: Fort Myers Senior Housing II PROPCO, LLC
2. The Florida document number of this limited liability company is: M15000000757
3. Jurisdiction of its organization: Delaware
4. Date authorized to do business in Florida: January 29, 2015

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

5. New name of the limited liability company: Fort Myers Senior Housing IIA PROPCO, 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.")

6. If amending the registered agent and/or registered office 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

_____, **Florida** _____
City 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:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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
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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.

Meegan T. Motisi
Signature of the authorized representative

Meegan T. Motisi, Authorized Person
Typed or printed name of signee

Filing Fee: \$25.00

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15 MAR 12 PM 4:57
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 THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "FORT MYERS SENIOR HOUSING II PROPCO, LLC", CHANGING ITS NAME FROM "FORT MYERS SENIOR HOUSING II PROPCO, LLC" TO "FORT MYERS SENIOR HOUSING IIA PROPCO, LLC", FILED IN THIS OFFICE ON THE TENTH DAY OF MARCH, A.D. 2015, AT 12:38 O'CLOCK P.M.

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15 MAR 12 PM 4:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

5681769 8100

150335605

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




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 2184361

DATE: 03-10-15

State of Delaware
Secretary of State
Division of Corporations
Delivered 12:38 PM 03/10/2015
FILED 12:38 PM 03/10/2015
SRV 150335605 - 5681769 FILE

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF FORMATION

OF

FORT MYERS SENIOR HOUSING II PROPCO, LLC

Fort Myers Senior Housing II PROPCO, LLC (hereinafter called the "company"), a limited liability company organized and existing under and by virtue of the Limited Liability Company Act of the State of Delaware, does hereby certify:

1. The name of the limited liability company is Fort Myers Senior Housing II PROPCO, LLC.

2. The certificate of formation of the company is hereby amended by striking out Article 1 thereof and by substituting in lieu of said Article 1 the following new Article 1: The name of the limited liability company is Fort Myers Senior Housing IIA PROPCO, LLC.

Executed on this 10th day of March 2015.

/s/ Meegan T. Motisi
Authorized Person

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA