

M20000001017

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

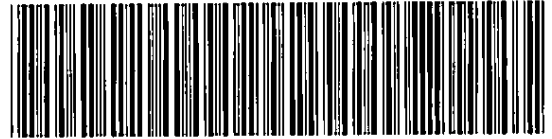
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900369210899

RECEIVED

2021 JUL 27 PM 12:04

FALLAHASSEE, FLORIDA

AM 9:42

JUL 27 2021

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 925635 7500544

AUTHORIZATION :

COST LIMIT : \$ 25,000.00

ORDER DATE : July 23, 2021

ORDER TIME : 8:55 AM

ORDER NO. : 925635-005

CUSTOMER NO: 7500544

FOREIGN FILINGS

NAME: ERICKSON LIVING SENIOR CARE,  
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: Alexxis Weiland -- EXT# 61592

EXAMINER: \_\_\_\_\_

**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: Erickson Living Senior Care, LLC

Enter new principal office address, if applicable: \_\_\_\_\_

(Principal office address  
MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: \_\_\_\_\_

(Mailing address  
MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M20000001017

3. Jurisdiction of its organization: Maryland

4. Date authorized to do business in Florida: January 24, 2020

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

5. New name of the limited liability company: EA Campus Care, 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 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

, 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:

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
_____	_____	_____	<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.

Susan L. Oliveri

Signature of the authorized representative

Susan L. Oliveri, Secretary

\_\_\_\_\_  
Typed or printed name of signee

**Filing Fee: \$25.00**

***STATE OF MARYLAND***  
***Department of Assessments and Taxation***

I, Michael L. Higgs, Director of the State Department of Assessments and Taxation, hereby certify that the attached document, consisting of 3 pages, inscribed with the same Authentication Code, is a true copy of the public record of the

**ARTICLES OF AMENDMENT / NAME CHANGE-DOMESTIC LLC**

for  
**EA CAMPUS CARE, LLC**

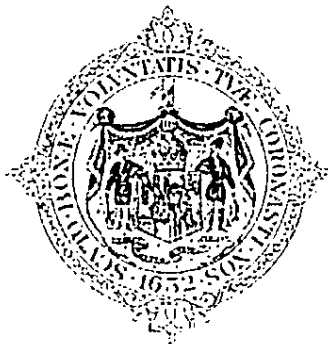
(Department ID: **W13434030**)

I further certify that this document is a true copy generated from the online service with the State Department of Assessments and Taxation.

In witness whereof, I have hereunto subscribed my signature and affixed the seal of the State Department of Assessments and Taxation of Maryland at Baltimore on this July 26, 2021.



Michael L. Higgs  
Director



301 West Preston Street, Baltimore, Maryland 21201  
Telephone Baltimore Metro (410) 767-1344 / Outside Baltimore Metro (888) 246-5941  
MRS (Maryland Relay Service) (800) 735-2258 TT/Voice

**\*\* KEEP WITH DOCUMENT \*\***

DOCUMENT CODE 41A BUSINESS CODE \_\_\_\_\_

# W13434030

Close \_\_\_\_\_ Stock \_\_\_\_\_ Nonstock \_\_\_\_\_

P.A. \_\_\_\_\_ Religious \_\_\_\_\_

Merging/Converting \_\_\_\_\_

Surviving/Resulting \_\_\_\_\_



1000362013237112

Affix Text Label Here

ID # W13434030 ACK # 1000362013237112

PAGES: 0003

EA CAMPUS CARE, LLC

06/08/2021 AT 04:48 P WO # 0005076173

New Name EA Campus Care, LLC

**FEES REMITTED**

Base Fee: 106

Org. & Cap. Fee: \_\_\_\_\_

Expedite Fee: 70

Penalty: \_\_\_\_\_

State Recordation Tax: \_\_\_\_\_

State Transfer Tax: \_\_\_\_\_

1 Certified Copies

Copy Fee: 23

Certificates \_\_\_\_\_

Certificate of Status Fee: \_\_\_\_\_

Personal Property Filings: \_\_\_\_\_

NP Fund: \_\_\_\_\_

Other: \_\_\_\_\_

TOTAL FEES: 193

Credit Card \_\_\_\_\_ Check \_\_\_\_\_ Cash \_\_\_\_\_

\_\_\_\_\_ Documents on \_\_\_\_\_ Checks

Approved By: 16

Keyed By: CB

COMMENT(S): LL

- ☒ Change of Name
- \_\_\_\_\_ Change of Principal Office
- \_\_\_\_\_ Change of Resident Agent
- \_\_\_\_\_ Change of Resident Agent Address
- \_\_\_\_\_ Resignation of Resident Agent
- \_\_\_\_\_ Designation of Resident Agent
- \_\_\_\_\_ and Resident Agent's Address
- \_\_\_\_\_ Change of Business Code
- \_\_\_\_\_ Adoption of Assumed Name
- \_\_\_\_\_ Other Change(s)

Code \_\_\_\_\_

Attention: \_\_\_\_\_

Mail: Names and Address

CSC-LAWYERS INCORPORATING SERVICE  
COMPANY  
7 ST. PAUL STREET  
SUITE 820  
BALTIMORE MD 21202

Stamp Work Order and Customer Number HERE

CUST ID: 0003859996  
WORK ORDER: 0005076173  
DATE: 06-23-2021 11:55 AM  
AMT. PAID: \$193.00

**ERICKSON LIVING SENIOR CARE, LLC**  
**AMENDED AND RESTATED ARTICLES OF ORGANIZATION**

THE UNDERSIGNED, in order to amend and restate the Articles of Organization of Erickson Living Senior Care, LLC, which was formed as a limited liability company under and by virtue of the Maryland Limited Liability Company Act, MD. CORPS. & ASS'NS., § 4A-101 et. seq. (the "**MD LLC Act**") on February 12, 2010, does hereby acknowledge and certify to the Maryland State Department of Assessments and Taxation as follows:

FIRST: The name of the limited liability company (the "**Company**") is:

**EA Campus Care, LLC**

SECOND: The duration of the Company shall be perpetual.

THIRD: The purposes for which the Company is organized are:

(a) To manage and operate retirement communities, health care facilities and providers; and

(b) To do and perform all acts necessary or desirable to carry out any of the foregoing purposes; and

(c) To engage in any other lawful act or activity which may be carried on by a limited liability company under the MD LLC Act which the Members may from time to time authorize or approve pursuant to the provisions of this Operating Agreement, whether or not related to the business described elsewhere in this Article THIRD or to any other business at the time theretofore engaged in by the Company.

The foregoing enumerated purposes shall be in addition to and not in limitation of the general powers of limited liability companies under the MD LLC Act.

FOURTH: The present address of the principal office of the Company in the State of Maryland is: 701 Maiden Choice Lane, Baltimore, Maryland 21228. ✓

FIFTH: The resident agent of the Company in the State of Maryland is: Susan L. Oliveri, 701 Maiden Choice Lane, Baltimore, Maryland 21228. ✓

SIXTH: The Operating Agreement of the Company, and all modifications and amendments thereto, shall be in writing.

SEVENTH: No member of the Company is an agent of the Company solely by virtue of being a member, and no member shall have the authority to act for the Company solely by virtue of being a member.

CUST ID:0003859596  
WORK ORDER:0005076173  
DATE:06-23-2021 11:55 AM  
AMT. PAID:\$193.00

IN WITNESS WHEREOF, the undersigned, an authorized person within the meaning of § 4A-101(c) of the MD LLC Act, has signed these Amended and Restated Articles of Amendment, as of the 7<sup>th</sup> day of June, 2021.

WITNESS:

Lois M. Shaw

AUTHORIZED PERSON

Susan L. Oliveri  
Susan L. Oliveri

I hereby consent to act as Resident Agent of the Company.

Susan L. Oliveri  
Susan L. Oliveri, Resident Agent