Division of Corporations

Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

fax Number

: (850)617-6383

From:

Account Name : CORPDIRECT AGENTS, INC.

Account Number : 110450000714 Phone (850) 222-1173

Fax Number : (850)224-1640

LP/LLLP AMENDMENT/RESTATEMENT/CORRECTION

WRH DEERFIELD, LTD.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$105.00

C. LEWIS

NOV 182008

EXAMINER

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JECRETARY OF STATE TALLAHASSEE, FLORIDA

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

	(OF				
WRH D	EERF	IELD. LT	D.		12	
(Insert name currently on file with Florida Department of State)						
Pursuant to the provisions of section 620.12 limited liability limited partnership, whose of SEPTEMBER 28, 2005, assigned adopts the following certificate of amendments.	certifica ed Floric	te was filed da documen	with the Florida t number A05000	Department of State 2001825	on ·	
This amendment is submitted to amend the follow	wing:					
A. If amending name, enter the new name of here:	the lim	ited partne	ship or limited li	ability limited partne	rship	
WRH Deerflet						
· (New name must be distin	ngnishab	le and contai	n an acceptable suf	Tix.)		
Acceptable Limited Partnership suffixes: Limited Pa Acceptable Limited Liability Limited Partnership suf	rtnership, Jixes: Lin	, Limited, L.P nited Liability	., LP, or Ltd. Llmited Partnership	o, L.L.L.P. or LLLP.		
B. If amending mailing address and/or p principal office address here:	riacipa	l office add	lress, <u>enter new</u>	mailing address an	u⁄or	
New Principal Office Address (Must be STREET address)	- - -					
New Mailing Address: (May be post office box)	- - -					
C. If amending the registered agent and/or new registered agent and/or the new registered	registere <u>I office :</u>	d office add	tress on our recor	ds, enter the name o	of the	
Name of New Registered Agent:		······				
New Registered Office Address:		(Ente	r Florida street ado	tress)	ui/or	
			, Florida	1		
_		(City)		(Zip Code)		

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To: State of Florida - Div of Corps Subject: WRH DEERFIELD, LTD.

From: Michele Holden

Monday, November 17, 2008 3:57 PM Page: 3 of 4

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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.

(If Changing Registered Agent, Signature of New Registered Agent)

D. If amending the general partner(s), enter the name and business address of each general partner being added or removed from our records:

Title	Name	Address	Type of Action
<u></u>			Add Remove
			☐ Add ☐ Remove
**************************************			□ Add □ Remove
			□ Add □ Remove
			□ Add □ Remove
			☐ Add ☐ Remove

E. If the limited partnership or limited liability limited partnership is amending its "limited liability limited partnership" status, enter change here:

This Limited Partnership hereby elects to be a "Limited Liability Limited Partnership."

This Limited Partnership hereby removes its "Limited Liability Limited Partnership" status.

(NOTE: If adding or removing" limited liability limited partnership" status, all general partners must sign this amendment.)

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F. If ameading any other informat	ion, enter c	hange(s) bere:	(Attach add	litional she	ers, if neces	ssary.)	
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Signature(s) of a general partne	rorali ge	noral partner	<u>s*:</u>				
*NOTE: Only one current general part removing a "limited liability limited part when adding or removing a "limited liab	nership" elec	ction statement.	Chapter 620,	F.S., requir	d partnership es all genere	o is adding o Il pariners to	r sign
Ald. Pars	Q&NT	-			<u> </u>		
WAH PROPERTIES . N	K6P.	_			******		
		-		···	·······		
		-					
Signature(s) of all new or dissoc	<u>iating gen</u>	eral partner(s), if any:				
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