Division of Corporations

Page 1 of 1



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:

Account Name : C T CORPORATION SYSTEM

Account Number: FCA000000023 : (850)222-1092 Phone : (850)878-5368 Fax Number

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

Email	Address:	
	**************************************	

# LP/LLLP AMENDMENT/RESTATEMENT/CORRECTION EUSTIS APARTMENTS, LTD.

Certificate of Status	0
Certified Copy	1
Page Count_	05
Estimated Charge	\$105.00

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Corporate Filing Menu

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JUN 1 9 2014 BRUCE

# **COVER LETTER**

TO: Registration Division of	Section Corporations				
SUBJECT:	Eust	is Apartments, Ltd	l		
N	ame of Florida Limited Par	tnership or Limited Liabilit	y Limited Partnership		
The enclosed Certif	icate of Amendment a	nd fee(s) are submitted	for filing.		
Please return all con	respondence concerni	ng this matter to:			
I	Russell W. Fleming				
	Contact Person				
American Apart	ment Management	Company, Inc.			
	Firm/Company				
900 Sc	outh Gay Street, Suit	te 800			
	Address				
Kno	xville, Tennessee 37	902			
	City, State and Zip Code	-			
ſ	fleming@aamci.com	1			
	o be used for future annua				
For further informa	tion concerning this m	atter, please call:			
Deedra	A. Burroughs	at ( 865 )	525-7500 x229		
Name of Con	tact Person		time Telephone Number	平 2	
Enclosed is a check	for the following amo	ount:		NOC MUS	
\$52.50 Filing Fee	\$61.25 Filing Fee and Certificate of Status	X \$105.00 Filing Fee and Certified Copy	\$113.75 Filing Fee, Certified Copy, and Certificate of Status	SSEE F	
STREET ADDRE	SS:		ADDRESS:	<b>2.3</b> 2.5	Same.
Registration Section		Registration		25 ************************************	
Division of Corpor Clifton Building	ations	Division of P. O. Box 6	Corporations 327		
2661 Executive Ce	nter Circle	Tallahassee,			
Tallahassee, FL 32	2301				

### CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

	s Apartments, Ltd.	
Insert name currently	y on file with Florida Department of State	
limited liability limited partnership, whose co	02, Florida Statutes, this Florida limited partnership or certificate was filed with the Florida Department of State on d Florida document number, and to its certificate of limited partnership.	
This amendment is submitted to amend the follow	wing:	
A. If amending name, enter the new name of here:	the limited partnership or limited liability limited partnership	
New name must be distir	nguishable and contain an acceptable suffix.	
Acceptable Limited Partnership suffixes: Limited Par Acceptable Limited Liability Limited Partnership suff	rtnership, Limited. L.P., LP, or Ltd. Jixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.	
B. If amending mailing address and/or proprincipal office address here:	rincipal office address, enter new mailing address and/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 r new registered agent and/or the new registered	registered office address on our records, enter the name of the doffice address here:	Concession of the Concession o
Name of New Registered Agent:	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
New Registered Office Address:	المحد المحدد	-17
	Enter Florida street address $S_{+}^{S}$	
_	Florida DE 25	
	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.

If Changing Registered Agent,	Signature of New	Registered Agent

D.	II	l'amendi:	ng the g	eneral	partner(s),	enter	the name	and	business	address	of each	general	partner	being
		d or remo												

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove A JUN
E. If the limited limited partners!	partnership or limited liabilit hip" status, enter change here:	y limited partnership is a	mending its "limited liability
This Limite	ed Partnership hereby elects to be	a "Limited Liability Limit	

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

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

named AAMCI Corporation	
	<del></del>
Effective date, if other than the date of filing:	<del></del>
Effective date, it other than the date of filling.  (Effective date cannot be prior to nor more than 90 days after the date this document is filed by State.)	the Florida Department of
1010-17	
Signature(s) of a general partner or all general partners*:	
(*NOTE: Only one current general partner is required to sign this document unless the limited removing a "limited liability limited partnership" election statement. Chapter 620, F.S., require	partnership is adding or sall general partners to sign
when adding or removing a "limited liability limited partnership" election statement.)	
RFO.	
AAMCI Corporation	
AAMCI Corporation By: Russell W. Fleming, President	20 14
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By: Russell W. Fleming, President	A STATE OF THE STA
By: Russell W. Fleming, President	AHASSES
	JUN 18 PM
By: Russell W. Fleming, President	JUN 18 PH 12: A
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By: Russell W. Fleming, President	JUN 18 PH 12: A
By: Russell W. Fleming, President	JUN 18 PH 12: A
By: Russell W. Fleming, President	JUN 18 PM 12: A
By: Russell W. Fleming, President	JUN 18 PM 12: A