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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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : I20160000017 Phone : (855)498-5500 : (800)432-3622 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
Ccrtified Copy	1
Page Count	05
Estimated Charge	\$105.00

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Help

T. LEMIEUX

OCT 3 1 2022

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### **COVER LETTER**

TO: Registration S Division of C	orporations			
SUBJECT: EUSTIS	APARTMENTS, LTD.			
Na.	me of Florida Limited Part	nership or Limited	Liability	Limited Partnership
The enclosed Certific	cate of Amendment ar	nd fee(s) are sub-	mitted f	for filing.
Please return all corr	espondence concernin	g this matter to:		
Daniel J. Moore				
	Contact Person		_	
Woolf-McClane			_	
	Firm/Company			
Post Office Box 900		•		
	Address	·	_	
Knoxville, Tennessee 37	901-0900			
(	City, State and Zip Code		_	
dmoore@wmbac.com				
E-mail address: (to	be used for future annual	report notification)	_	
For further informati	on concerning this ma	•		
Daniel J. Moore		at (	215-1	039
Name of Conta	ct Person	Area Code a	and Dayt	ime Telephone Number
Enclosed is a check	for the following amo	unt:		
\$52.50 Filing Fee	☐\$61.25 Filing Fee and Certificate of Status	S105.00 Filin and Certified Co		☐\$113.75 Filing Pee, Certified Copy, and Certificate of Status
Mailing Address: Registration Section Division of Corporat P.O. Box 6327 Tallahassee, FL 323		Regist Divisi The C 2415	entre o N. Mon	

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

EUSTIS APARTMENTS, LTD.			
Insert name currently on f	ilo with Florida Depar	tment of State	
Pursuant to the provisions of section 620.1202, Filimited liability limited partnership, whose certif March 2, 1979, assigned Flo	icate was filed wit orida document nu	h the Florida Department of State of mber A07302	n ,
adopts the following certificate of amendment to	its certificate of li	mited partnership.	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the here:	limited partnership	or limited liability limited partners	nip
New name must be distinguis	shable and contain an e	acceptable suffix.	_
Acceptable Limited Partnership suffixes: Limited Partners Acceptable Limited Liability Limited Partnership suffixes:			
B. If amending mailing address and/or princ principal office address here:	ipal office addres	s, enter new mailing address and	or
New Principal Office Address; (Must be STREET address)		27	: 11.10
New Mailing Address: (May be post office box)		8: 51	
C. If amending the registered agent and/or registe registered agent and/or the new registered office a		n our records, enter the name of the :	1 <b>5</b> 99
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	Fator Flo	orida street address	
	Line, File		
	City	, Florida Zip Code	
	-	-	

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#### 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:

<u>Title</u>	Name	Address	Type of Action
<u>GP</u>	AAMCI CORPORATION	320 N Cedar Bluff Rd, Ste 203 Knoxville, TN 37923	_ □ Add □ Remove
GP	AAMCI GP, LLC	320 N Cedar Bluff Rd, Ste 203 Knoxville, TN 37923	_ G Add _ G Remove
	<del></del>		_
			Q Add Q 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 amending any other information, enter char	nge(s) here: (Attach additional sheets, if necessary.)
fective date, if other than the date of filing:	
ffective date cannot be prior to nor more than 90 days after ate.) outs: If the date inserted in this block does not meet the applicable listed as the document's effective date on the Department of	the date this document is filed by the Florida Department of cable statutory filing requirements, this date will not if State's records.
ignature(s) of a general partner or all general partner of all general partner is required to sign	this document unless the limited partnership is adding or
moving a "limited liability limited partnership" election state then adding or removing a "limited liability limited partnersh AAMCI Corporation	ement. Chapter 620, F.S., requires all general partners to sign
Joseph A. Bruse, President	
Signature(s) of all new or dissociating general pa	riner(s), if any:
AAMCI GP, LLC By: AAMCI - Investments, LLC, its sole member	
By: AAMCI, INC., its sole member	
By: Joseph A. Engle, President	
Filing Fee: \$52.50 Certified Copy (optional): \$52.50 Certificate of Status (optional): \$8.75	