

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.

((H22000368941 3)))



H220003689413ABC2

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
Fax Number : (800)432-3622

****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

2022 OCT 27 AM 8:51

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

T. LEMIEUX

OCT 31 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EUSTIS APARTMENTS, LTD.

Name of Florida Limited Partnership or Limited Liability Limited Partnership

The enclosed Certificate of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Daniel J. Moore

Contact Person

Woolf-McClane

Firm/Company

Post Office Box 900

Address

Knoxville, Tennessee 37901-0900

City, State and Zip Code

dmoore@wmbac.com

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

For further information concerning this matter, please call:

Daniel J. Moore

at (865) 215-1039

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

\$52.50 Filing Fee

\$61.25 Filing Fee
and Certificate of
Status

\$105.00 Filing Fee
and Certified Copy

\$113.75 Filing Fee,
Certified Copy, and
Certificate of Status

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

H22000368941 3

F. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

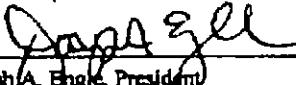
Effective date, if other than the date of filing: _____
(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 partnership is adding or removing a "limited liability limited partnership" election statement. Chapter 620, F.S., requires all general partners to sign when adding or removing a "limited liability limited partnership" election statement.)

AAMCI Corporation

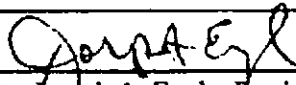

By: Joseph A. Engle, President

Signature(s) of all new or dissociating general partner(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