

# A07376

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

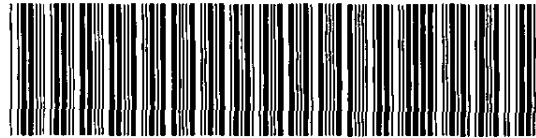
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



700262986567

TO: COUNTY CLERK  
SUF. COURT, FLORIDA

2011 AUG - 6 12:15:50

CLERK OF STATE  
TALLAHASSEE, FLORIDA

14 AUG - 6 PM 1:45

FILED

AUG - 7 2014

T. BROWN



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 246207 7495468

AUTHORIZATION

COST LIMIT : \$ 52.50

ORDER DATE : August 6, 2014

ORDER TIME : 10:52 AM

ORDER NO. : 246207-020

CUSTOMER NO: 7495468

DOMESTIC AMENDMENT FILING

NAME: CEDARWOOD APARTMENTS II, LTD.

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT  
       RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Stephanie Milnes -- EXT# 62920

EXAMINER'S INITIALS: \_\_\_\_\_

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CEDARWOOD APARTMENTS II, 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:

Nancy Patrowicz  
Contact Person  
Arbor Commercial Mortgage, LLC  
Firm/Company  
333 Earle Ovington Blvd., Suite 900  
Address  
Uniondale, NY 11553  
City, State and Zip Code  
npatrowicz@arbor.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nancy Patrowicz at ( 516 ) 506-4601  
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

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

CERTIFICATE OF AMENDMENT  
TO  
CERTIFICATE OF LIMITED PARTNERSHIP  
OF

CEDARWOOD APARTMENTS II, LTD.

Insert name currently on file with Florida Department of State

FILED  
14 AUG -6 PM 1:45  
DEPT. OF STATE  
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 620.1202, Florida Statutes, this Florida limited partnership or limited liability limited partnership, whose certificate was filed with the Florida Department of State on April 2, 1979, assigned Florida document number A07376, adopts the following certificate of amendment to its certificate of limited partnership.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited partnership or limited liability limited partnership here:**

\_\_\_\_\_  
New name must be distinguishable and contain an acceptable suffix.

*Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.*

*Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.*

**B. If amending mailing address and/or principal office address, enter new mailing address and/or principal office address here:**

New Principal Office Address:

(Must be STREET address)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

New Mailing Address:

(May be post office box)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**C. If amending the registered agent and/or registered office 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.*

\_\_\_\_\_  
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> | <u>Name</u>                     | <u>Address</u>                                         | <u>Type of Action</u>                                                      |
|--------------|---------------------------------|--------------------------------------------------------|----------------------------------------------------------------------------|
| GP           | AL Central Jersey GP, LLC       | 590 W Kennedy Blvd.<br>2nd Floor<br>Lakewood, NJ 08701 | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
| GP           | Empirian Lakewood GP New 3, LLC | 590 W Kennedy Blvd.<br>2nd Floor<br>Lakewood, NJ 08701 | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
| _____        | _____                           | _____                                                  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
| _____        | _____                           | _____                                                  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
| _____        | _____                           | _____                                                  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
| _____        | _____                           | _____                                                  | <input type="checkbox"/> Add<br><input type="checkbox"/> 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.)**

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

---

---

---

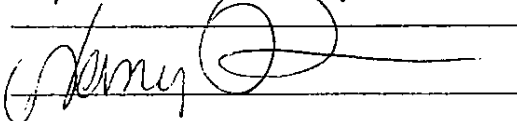
---

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.)

**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.)

By: AL Central Jersey GP, LLC

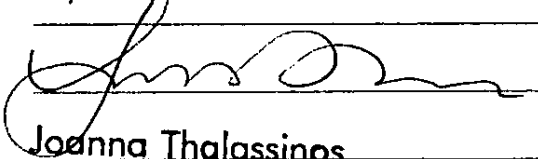


Nancy Patrowicz

Authorized Signatory

**Signature(s) of all new or dissociating general partner(s), if any:**

By: Empirian Loxford GP New 3, LLC



Joanna Thalassinou

Authorized Signatory

Filing Fee: \$52.50  
Certified Copy (optional): \$52.50  
Certificate of Status (optional): \$8.75