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(Requestor's Name)				
(Address)				
(Ad	dress)			
(Cit	y/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Na	me)		
(Do	cument Number)		
Certified Copies	_ Certificate	s of Status		
Special Instructions to	Filing Officer:			



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SECRETARY OF STATE

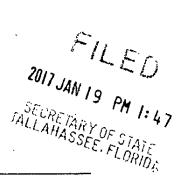
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K. SALY JAN 23 2017

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: AVENTURA OAKS LLLP					
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:					
KENNETH A. WENZEL Contact Person					
HANKINS NORTHWOOD ROMAN WENZEL P.L. Firm/Company					
1800 N. MILITARY TRAIL, SUITE 120					
Address					
BOCA RATON, FLORIDA 33431					
City, State and Zip Code					
KWENZEL@HNRWLAW.COM					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
KENNETH A. WENZEL at (561) 862-4118					
Name of Contact Person Area Code and Daytime Telephone Number					
Enclosed is a check for the following amount:					
\$52.50 Filing Fee and Certificate of Status \$105.00 Filing Fee and Certified Copy Certified Copy, and Certificate of Status					
STREET ADDRESS: MAILING ADDRESS:					
Registration Section Registration Section					
Division of Corporations Clifton Publisher Division of Corporations Division of Corporations					
Clifton Building P. O. Box 6327 2661 Executive Center Circle Tallahassee, FL 32314					
Tallahassee, FL 32301					

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF



AVENTURA OAKS LLLP

Insert name currently on file with Florida Department of State

Pursuant to the provisions of section 620.1202, Flo limited liability limited partnership, whose certifica OCTOBER 21, 2013, assigned Flori	ate was filed wit	h the Florida Department of State on
adopts the following certificate of amendment to it	s certificate of li	mited partnership.
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited partnership	or limited liability limited partnership
AVENTUR	A OAKS LP	
New name must be distinguisha		cceptable suffix.
Acceptable Limited Partnership suffixes: Limited Partnership Acceptable Limited Liability Limited Partnership suffixes: Li	p, Limited, L.P., LP imited Liability Lim	, or Ltd. ited Partnership, L.L.L.P. or LLLP.
B. If amending mailing address and/or principal office address here:	al office addres	s, 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 register new registered agent and/or the new registered office		s on our records, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	Enter Flo	rida street address
	2	
		, Florida
	City	Zip Code

FILED
JAN 10 -
SECRETARY OF STATE
"MASSEE, FI STATE

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 partn	er(s), <u>ente</u>	er the name	and	business	address	of each	general	<u>partner</u>	being
ado	<u>led or removed from our record</u>	<u>s</u> :								

<u>Title</u>	Name	Address	Type of Action
			Add Remove
			Add Remove
			Add
	·		Add
			Add
			AddRemove

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.)

		T/LE
F. If amending any other infor	mation, enter change(s) here: (Attach additional sheets, I nellessay:)
		FALLAHASSEF S
		MASSEE, FL
Effective date, if other than the dat (Effective date cannot be prior to nor mor State.)	e of filing:_ re than 90 days after the a	DATE OF FILING late this document is filed by the Florida Department of
State.)		
Signature(s) of a general partner	or all general partn	ers*:
	iership" election statemen	document unless the limited partnership is adding or it. Chapter 620, F.S., requires all general partners to signification statement.)
Aventura Oaks GP, LLC, a Fl liabilty company, its sole		
Oded T. Meltzer, Manager		a Jalan
Signature(s) of all new or dissoci	ating general partne	er(s), if any:
		
	<u> </u>	
ron r	m24 80	
Filing Fee: Certified Copy (optional):	\$52.50 \$52.50	
Certificate of Status (optional):	\$8.75	