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Name:	Aventura	Oaks LP	
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Thank you!

COVER LETTER

	tion Section of Corporations					
SUBJECT: Av	ontura Oaks LP					
SUBJECT:	Name of Florida Limited F	Partnership or Limited Liabili	ty Limited Parmer	ship	-	
The enclosed C	ertificate of Amendment	and fee(s) are submitted	for filing.			
Please return al.	l correspondence concert	ning this matter to:				
Susan R. McMaste	er					
	Contact Person		•			
Jaffe Raitt						
	Firm/Company					
27777 Franklin Ro	oad, Suite 2500					
	Address					
Southfield, MI 48	034					
	City, State and Zip Code	3				
smcmaster@jaffe	law.com			<u> </u>	22	
E-mail addre	ss: (to be used for future annu	nal report notification)		•	7 7	-7
For further info	rmation concerning this	matter, please call:		. 4	~	1
Susan R. McMast	er	at (248) 727	-1485		<u>-</u>	
Name of	Contact Person	Area Code and Day	ytime Telephone I	Vumber	- ' : :	-
Enclosed is a cl	neck for the following an	nount:			in Si	
☐ \$52.50 Filing F	Fee	■\$105.00 Filing Fee and Certified Copy	☐\$113.75 Fill Certified Cop Certificate of	y, and		
STREET ADD	RESS:	MAILING	ADDRESS:			
Registration Se	ction	Registration				
Division of Cor			Corporations			
Clifton Buildin 2661 Executive		P. O. Box 6 Tallahassee				
Tallahassee, FI		, una la soci	, <i></i> , .			

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

		IRA OAKS LP		
Insert name curr	ently on file	with Florida Dep	artment of State	
Pursuant to the provisions of section 620 limited liability limited partnership, who October 21, 2013, assi adopts the following certificate of amend	se certifica igned Flori	ate was filed w da document i	with the Florida Department of State number A130000000652	; on ,
This amendment is submitted to amend the fo	ollowing:			
A. If amending name, enter the new nam here:	ic of the lir	nited partnersh	rip or limited liability limited partne	ership
New name must be	distinguisha	ble and contain a	n acceptable suffix.	
Acceptable Limited Partnership suffixes: Limited Acceptable Limited Liability Limited Partnership	d Partnershi p suffixes: L	p, Limited, L.P., I imited Liability L	LP, or Ltd. imited Partnership, L.L.L.P. or LLLP,	
B. If amending mailing address and/o	or princip	al office addr	ess, enter new mailing address ar	id/or
principal office address here:				
New Principal Office Add	ress:		· · · · · · · · · · · · · · · · · · ·	1
(Must be STREET address)				17
New Mailing Address: (May be post office box)				,
			O	•
C. If amending the registered agent and new registered agent and/or the new regis	or registe	red office addr e address here:	ess on our records, enter the name	of the
Name of New Registered Agent:	Robert	Stone c/o Andove	r Real Estate Partners	
New Registered Office Address:	102 NE	2nd St. #167 Enter F	Florida street address	
	Boca Ra	City	, Florida <u>33432</u> Zip Code	

New Registered Agent's Signature, if changing Registered Agent:

comp.	ly with the prov		t and agree to act in this capac the proper and complete perfo position as registered agent.	
			Roberts V	M. Stine
			If Changing Registered Agent, Sign	nture of New Registered Agent
		general partner(s), enter the n	name and business address of o	each general partner being
	<u>Title</u>	Name	Address	Type of Action
	GP	Aventura Oaks GP, LLC	c/o Oded T. Meltzer, Manager 6431 Cow Pen Road Miami Lakes, FL 33014	□ Add ☑ Remove
	GP	RSAL Aventura GP LLC	300 S. Old Woodward Avc. Birmingham, MI 48009	⊠ Add □ Remove
				Add Remove
				_ □ Add ¬ · · · · · · · · · · · · · · · · · ·
				DAdd GT. DRemove
				☐ Add☐ Remove
		artnership or limited liability o" status, enter change here:	y limited partnership is amer	nding its "limited liability
	This Limited	Partnership hereby elects to be	a "Limited Liability Limited F	'artnership.''
ta	This Limited	Partnership hereby removes its	s "Limited Liability Limited Pa	rtnership" status.
(<u>NO1</u>	<u>E:</u> If adding or i	removing" limited liability limited p	artnership" status, all general parti	ners must sign this amendment.)

			
			
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ffective date, if other than the date Upective date cannot be prior to nor mor ate.)	e of filing:	d by the Florida Dep	partment of
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: listed as the document's effective date	on the Department of State's records.		
ignature(s) of a general partner	or all general partners*:		
	er is required to sign this document unless the lim		
	nership" election statement. Chapter 620, P.S., req lity limited partnership" election statement.)	urres all general par	tuers to sign
		 	
of Aventury	OGKS GRLLS		
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			em ***
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gnature(s) of all new or dissoci	ating general partner(s), if any:	•	20
ignature(s) of all new or dissoci	ating general partner(s), if any:	*	1/2
	ating general partner(s), if any:	÷	20
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<i>ite.)</i> ite: If the date inscrted in this block does not meet the applicable statutory filing requiremen	nts, this date will not
listed as the document's effective date on the Department of State's records.	
gnature(s) of a general partner or all general partners*:	
	1
NOTE: Only one current general partner is required to sign this document unless the limite moving a "limited liability limited partnership" election statement. Chapter 620, F.S., requi	
nen adding or removing a "limited liability limited partnership" election statement.)	•
ignatura(s) of all new or dissociating general partner(s), if any:	* 1
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