

A1300000652

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

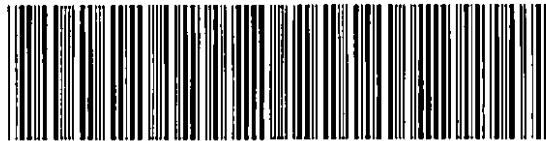
(Business Entity Name)

(Document Number)

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

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D. SCOTT  
DEC 21 2018

**CT CORP**

**3458 Lakeshore Drive, Tallahassee, FL 32312**

**850-656-4724**

**Date:** 12/20/2018

Acc#I20160000072

*Eric Dill*

|             |                  |
|-------------|------------------|
| Name:       | Aventura Oaks LP |
| Document #: |                  |
| Order #:    | 11341476         |

|                                   |                          |                         |
|-----------------------------------|--------------------------|-------------------------|
| Certified Copy of Arts & Amend:   | <input type="checkbox"/> |                         |
| Plain Copy:                       | <input type="checkbox"/> |                         |
| Certificate of Good Standing:     | <input type="checkbox"/> |                         |
|                                   | <input type="checkbox"/> |                         |
| Apostille/Notarial Certification: | <input type="checkbox"/> | Country of Destination: |
|                                   |                          | Number of Certs:        |

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|   |  |
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| Filing: <input checked="" type="checkbox"/> | Certified: <input checked="" type="checkbox"/> |
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| Availability _____  |
| Document _____      |
| Examiner _____      |
| Updater _____       |
| Verifier _____      |
| W.P. Verifier _____ |
| Ref# _____          |

Amount: \$ 105

Thank you!

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Aventura Oaks LP  
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:

Susan R. McMaster  
Contact Person  
Jaffe Raitt  
Firm/Company  
27777 Franklin Road, Suite 2500  
Address  
Southfield, MI 48034  
City, State and Zip Code  
smcmaster@jaffelaw.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Susan R. McMaster at (248) 727-1485  
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

2018 OCT 20 10:30  
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**CERTIFICATE OF AMENDMENT  
TO  
CERTIFICATE OF LIMITED PARTNERSHIP  
OF**

AVENTURA OAKS LP

Insert name currently on file with Florida Department of State

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 October 21, 2013, assigned Florida document number A13000000652, 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)*

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

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**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:

Robert Stone c/o Andover Real Estate Partners

New Registered Office Address:

102 NE 2nd St. #167

*Enter Florida street address*

Boca Raton, Florida 33432

*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.*

*Robert M. Stone*

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           | Aventura Oaks GP, LLC | c/o Oded T. Meltzer, Manager<br>6431 Cow Pen Road<br>Miami Lakes, FL 33014 | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
| GP           | RSAL Aventura GP LLC  | 300 S. Old Woodward Ave.<br>Birmingham, MI 48009                           | <input checked="" 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            |
|              |                       |  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |

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**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.)*

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.)

x 

\_\_\_\_\_  
David T. Meltzer, manager  
of Adventure Oaks, LP, LLC  
\_\_\_\_\_

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

x

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

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TALLAHASSEE

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

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.)*

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**Signature(s) of a general partner or all general partners\*:**

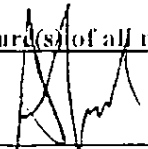
(\*NOTE: Only one current general partner is required to sign this document unless the limited partnership is adding or removing a "limited liability limited partnership" election statement. Chapter 620, F.S., requires all general partners to sign when adding or removing a "limited liability limited partnership" election statement.)

x

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

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

x

  
\_\_\_\_\_  
Adam M. Lutz, Manager  
R-SAL AVENTURA GP LLC  
\_\_\_\_\_  
\_\_\_\_\_

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