05/20/2016 16:35 FAX 9417452093

BLALOCK WALTERS

2001/004

5/20/2016

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : BLALOCK, WALTERS, HELD & JOHNSON,

Account Number : 076666003611

Phone : (941)748-0100

Fax Number : (941)745-2093

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

LP/LLLP AMENDMENT/RESTATEMENT/CORRECTION

CORTEZ/34TH ST., LLLP

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Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$52.50

MAY 23 2016

Electronic Filing Menu

Corporate Filing Menu

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CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP

OF				
Cortez/3	4th St., LLLI			
Insert name currently on fi				
Pursuant to the provisions of section 620.1202, F limited liability limited partnership, whose certifi 5/9/16, assigned Floadopts the following certificate of amendment to	cate was filed w rida document r	ith the Florida Department of Statement A16000000232	te on	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the I	imited partnersh	ip or limited liability limited partn	<u>ersbip</u>	
New name must be distinguish	sable and contain ar	acceptable suffix.		
Acceptable Limited Partnership suffixes: Limited Partnersh Acceptable Limited Liability Limited Partnership suffixes:	nip, Limited, L.P., L Limited Liability Li	P, or Ltd. mited Partnership, L.L.L.P. or LLLP.		
B. If amending mailing address and/or princi <u>principal office address here</u> :	pal office addro	ess, enter new mailing address a	nd/or	
New Principal Office Address: (Must be STREET address)		MAY 20		
New Mailing Address: (May be post office box)		AM 7	The same	
. ,		9000	the second of	
C. If amending the registered agent and/or registence agent and/or the new registered office agent and/or registered agent age		ss on our records, enter the name	of the	
Name of New Registered Agent:				
New Registered Office Address:	Enter F	lorida street address		
		, Florida		
	City	Zip Code		

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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>	Address	Type of Action
G	John McKay	1001 3rd Avenue W. Suite 600 Bradenton, FL 34205	Add ✓ Remove
<u>G</u>	Cortez/34th St., LLC	1001 3rd Avenue W. Suite 600 Bradenton, FL 34205	Add Remove
			Add Remove
	partnership or fimited liabili ip" status, enter change here:		ending its "limited liability
This Limited	d Partnership hereby elects to b	e a "Limited Liability Limited	Partnership."
This Limited	d Partnership hereby removes it	ts "Limited Liability Limited Page 1988 19	artnership" status.

(NOTE: If adding or removing" limited liability limited partnership" status, all general partners must sign this amendment.)

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F. If amending any other information, enter	change(s) here: (Attach additional sheets, if necessary.)	
		
Effective data if asker than the data of Cilian		
Effective date, if other than the date of filing: (Effective date cannot be prior to nor more than 90 days a State.)	ifter the date this document is filed by the Florida Department	of
Signature(s) of a general partner or all genera	al partners*:	
(*NOTE: Only one current general partner is required to removing a "limited liability limited partnership" election when adding or removing a "limited liability limited partn	sign this document unless the limited partnership is adding or statement. Chapter 620, F.S., requires all general partners to sership" election statement.)	ign
AMIN KA	MY 20 HASS	•
		. 1
		.,.
*		
Signature(s) of all new or dissociating general	<u> partner(s), if any:</u>	
- STIME 3		

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