

A210000000625

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

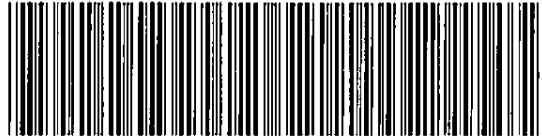
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100418437551

FILED

2023 DEC 11 AM 10:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

2023 DEC 11 PM 2:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.incserv.com
e-mail: accounting@incserv.com



ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Moreau
mmoreau@incserv.com
850.656.7953

REQUEST DATE 12/11/2023

PRIORITY Regular Approval

OUR REF.# (Order ID#) 1211065

ORDER ENTITY

THE MORGAN AT OCALA APARTMENTS LP

PLEASE PERFORM THE FOLLOWING SERVICES:

THE MORGAN AT OCALA APARTMENTS LP (FL)

File the attached amendment and provide a certified copy.

NOTES:

\$105.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

A handwritten signature in black ink, appearing to be "MM" or similar initials.

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THE MORGAN AT OCALA APARTMENTS 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:

Vicki Melone

Contact Person

Bradley Arant Boult Cummings LLP

Firm/Company

100 N. Tampa Street, Suite 2200

Address

Tampa, FL 33602

City, State and Zip Code

vmelone@bradley.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Vicki Melone

at (813) 559-5573

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

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

CERTIFICATE OF AMENDMENT
TO
CERTIFICATE OF LIMITED PARTNERSHIP
OF

THE MORGAN AT OCALA APARTMENTS LP

Insert name currently on file with Florida Department of State

FILED
2023 DEC 11 AM 10:11
SECRETARY 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 November 8, 2021, assigned Florida document number A21000000625, 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:

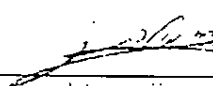
<u>New Principal Office Address:</u> (Must be STREET address)	<u>5501 Wesconnect Blvd. 7933</u> <u>Jacksonville, FL 32244-9908</u> _____ _____
<u>New Mailing Address:</u> (May be post office box)	<u>PO Box 7933</u> <u>Jacksonville, FL 32244-9908</u> _____ _____

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:

<u>Name of New Registered Agent:</u>	<u>SNS MULTI FAMILY MANAGEMENTS LLC</u> _____
<u>New Registered Office Address:</u>	<u>5501 Wesconnect Blvd., 7933</u> <i>Enter Florida street address</i> <u>Jacksonville</u> , Florida <u>32244-9908</u> <i>City Zip Code</i>

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	THE MORGAN AT OCALA APARTMENTS GP2 LLC	5501 Wesconnect Blvd., 7933 Jacksonville, FL 32244-9908	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
GP	THE MORGAN AT OCALA APARTMENTS GP LLC	5501 Wesconnect Blvd., 7933 Jacksonville, FL 32244-9908	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <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.)

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.

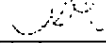
FILED
2023 DEC 11 AM 10:11
CLERK OF THE
TALLAHASSEE
STATE
FLORIDA

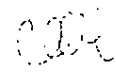
Signature(s) of a general partner or all general partners*:


(*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.)

THE MORGAN AT OCALA APARTMENTS GP2
LLC, a Delaware limited liability company

By: The Morgan at Ocala Apartments GP LLC
a Florida limited liability company, its
Manager

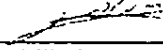
By: 
Shay Milech
Its: Member and Authorized Representative

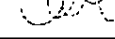
By: 
Shay Atiya
Its: Member & Authorized Representative


By: 
Noam Hanoach Avrahami
Its: Member & Authorized Representative

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

THE MORGAN AT OCALA APARTMENTS GP
LLC, a Florida limited liability company

By: 
Shay Milech
Its: Member & Authorized Representative

By: 
Shay Atiya
Its: Member & Authorized Representative

By: 
Noam Hanoach Avrahami
Its: Member & Authorized Representative

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