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Florida Department of State

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LP/LLLP AMENDMENT/RESTATEMENT/CORRECTION GT HOMES MIAMI LAKES, LP

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| 5050 | Nar | ES MIAMI LAKES, LP | nership or Limite | ed Liability | Limited Partnership |
| The e | melosed Certific | ate of Amendment an | id fee(s) are su | ıbmitted f | For filing. |
| Pleas | e return all corre | espondence concernin | g this matter t | o: | |
| Mark . | J. Lynn, Esq | | | | |
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CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

| GT HOMES MIAMI LAKES, LP | |
|---|--|
| Insert name currently on | file with Florida Department of State |
| limited liability limited partnership, whose certi | Florida Statutes, this Florida limited partnership or ficate was filed with the Florida Department of State on lorida document number A22000000224 |
| | , , |
| This amendment is submitted to amend the following | # |
| A. If amending name, enter the new name of the here: | limited partnership or limited liability limited partnership |
| New name must be distingui | shable and contain an acceptable suffix. |
| Acceptable Limited Partnership suffixes: Limited Partner Acceptable Limited Liability Limited Partnership suffixes | rship, Limited, L.P., LP, or Ltd. :: Limited Liability Limited Partnership, L.L.L.P. or LLLP. |
| B. If amending mailing address and/or princ principal office address here: | cipal office address, 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 registe registered agent and/or the new registered office a | ered office address on our records, enter the name of the new |
| Name of New Registered Agent: | 2022 |
| New Registered Office Address: | Enter Florida street address |
| | City Zip Gode, Z |

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.

| <u>tle</u> | <u>Name</u> | Address | Type of Action |
|------------|-------------------------------|---|----------------|
| | GT Homes Miami Lakes GP, Inc. | 5600 North Federal Highway Fort Lauderdale, FL 33308 | |
| | Carlo Baldassarra | 5600 North Federal Highway Fort Lauderdale, FL 33308 | Remove |
| <u>P</u> | Nicholas Fidei | 5600 North Federal Highway Fort Lauderdale, FL 33308 | |
| ·.— 12231_ | · | | |
| | · | | |
| | | | |

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| F. If amending any other information, enter ch | ange(s) here: (Attach additional sheets, if necessary.) |
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| Signature(s) of a general partner or all general p | onriners*: |
| (*NOTE: Only one current general partner is required to sign removing a "limited liability limited partnership" election state when adding or removing a "limited liability limited partnersh | tement. Changer 620, F.S. requires all peneral partners to sign |
| $\sim 10^{-5}$ | |
| | × |
| By: KINGO Fide General Partner | By: Carlo Baigassarra, General Partner |
| | |
| | · |
| | |
| Signature(s) of all ricw or dissociating general pa | urtner(s) if any |
| ST Homes Miami Lakes GP, Inc. | |
| \mathcal{H}_{i} | × / \ |
| rint Name: Nichtal Falti Itle: FRUAIT | By: Carlo Baldassarra, General Partner |
| | · · · - · · · · · · · · · · · · · · · · |
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