

A980000000476



ACCOUNT NO. : 072100000032

REFERENCE : 731218 87551A

MJH

AUTHORIZATION :

COST LIMIT :

\$ 105.00

Patricia Pujute

ORDER DATE : June 14, 2000

ORDER TIME : 2:09 PM

ORDER NO. : 731218-005

300003289863--4

CUSTOMER NO: 87551A

CUSTOMER: Joan V. Dalie, Legal Asst
Lawrence B. Juran, Pa
17th Floor
222 Lakeview Avenue
West Palm Beach, FL 33401

DOMESTIC AMENDMENT FILING

A98-476

NAME: CHULA VISTA MEDICAL PLAZA
INVESTORS, LTD.

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
 RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
 PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight

EXAMINER'S INITIALS: _____

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 JUN 14 PM 4:22

RECEIVED
00 JUN 14 PM 3:11
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**CERTIFICATE OF AMENDMENT
TO
CERTIFICATE OF LIMITED PARTNERSHIP
OF
CHULA VISTA MEDICAL PLAZA INVESTORS, LTD.**

Pursuant to the provisions of Section 620.109, Florida Statutes, this Florida limited partnership, whose Certificate was filed with the Florida Department of State on February 20, 1998, adopts the following Certificate of Amendment to its Certificate of Limited Partnership:

FIRST: Article 1 is hereby amended to change the name of the partnership to "**Chula Vista Medical Plaza Investors Limited Partnership**".

SECOND: This Certificate of Amendment shall be effective at the time of its filing with the Department of State.

CHULA VISTA MEDICAL PLAZA EQUITY
INVESTORS, LTD., a Florida limited partnership,
general partner

BY: CHULA VISTA MEDICAL PLAZA EQUITY
CORPORATION, a Florida corporation, general
partner

By:


Patrick J. DiSalvo
Vice President

STATE OF FLORIDA)

) ss:

COUNTY OF PALM BEACH)

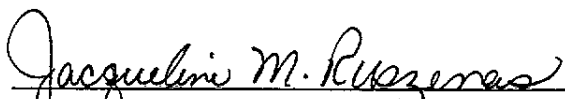
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 JUN 14 PM 4:22

I HEREBY CERTIFY that on this 13th day of June, 2000, before me, personally appeared Patrick J. DiSalvo, the Vice President of Chula Vista Medical Plaza Equity Corporation, a Florida corporation, to me known to be the person described in and who executed the foregoing instrument. He/she acknowledged before me that he/she executed the same on behalf of said partnership. He/she is ☒ personally known to me or ☐ has produced _____ as identification.



Jacqueline M. Ruszenas
MY COMMISSION # CC627707 EXPIRES
April 16, 2001
BONDED THRU TROY FAIR INSURANCE, INC.

My Commission Expires:


NOTARY PUBLIC, STATE OF FLORIDA