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(((H16000005648 3)))



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To:

Division of Corporations

Fax Number : (\$50)617-6383

From:

Account Name : STEINBERG GARELLEK P.L.

Account Number : I20110000015

: (561)391-3344

Fax Number

: (561)948-4713

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

Email Address: SZG@STETNGARLAW. COM

LP/LLLP AMENDMENT/RESTATEMENT/CORRECTIO SHADOW LAKE ATLANTA APARTMENTS LLLP

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Corporate Filing Menu

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K. SALY EXAMINER



January 11, 2016

FLORIDA DEPARTMENT OF STATE

SHADOW LAKE ATLANTA APARTMENTS LILLP 3700 AIRPORT ROAD, STE 404 BOCA RATON, FL 33431

SUBJECT: SHADOW LAKE ATLANTA APARTMENTS LLLP

REF: A080000000024

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Every corporation, limited partnership, general partnership, limited liability company or trust listed as a general partner of a limited partnership, general partnership, or registered limited liability limited partnership must have an active registration/filing on file with this office before this filing can be completed. We are enclosing the appropriate instructions and/or forms for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly Regulatory Specialist II

FAX Aud. #: H16000005648 Letter Number: 116A00000589 Jan 13 2016 13:22:20 Steven Garellek -> 850-617-6381

CERTIFICATE OF AMENDMENT CERTIFICATE OF LIMITED PARTNERSHIP

SHADOW LAKE ATLANTA APARTMENTS LLLP

Page 803
JAN I.
TALL AHASSEE, PLORIE

timetr some duttents out m	to with Louids Debringer of press
	cate was filed with the Florida Department of State on rida document numberA0800000024
This amendment is submitted to amend the following:	
A. If amending same, enter the new name of the libere:	imited partnership or limited liability limited partnership
New name must be distinguish	able and contain an acceptable suffix.
Acceptable Limited Partnership suffices: Limited Partnersh Acceptable Limited Liability Limited Partnership suffices: i	tip, Limited, L.P., LP, or Ltd. Limited Liability Limited Partnership, L.L.L.P. or LLLP.
B. If amending mailing address and/or principal office address here:	pal office address, <u>enter new mailing address and/or</u>
New Principal Office Address: (Must be STREET address)	
New Mailing Address: (May be part office box)	
C. If amending the registered agent and/or registence new registered arout and/or the new registered office	ered office address on our records, enter the name of the is address here:
Norma of Many Daggerand Amenic	

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City

Enter Florida street address

, Florida \_\_\_\_\_\_\_\_\_Zip Code

New Registered Office Address:

Page 084

2016 JAN 13 AM 10: 49

FALLAHASSEF FLORIDA

## 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 at removed from our records:

TIME	Carde	Address	Type of Action
GP	Shadow Lake GP LLC	2500 N. Military Trail Suite 285 Boca Raton, FL 33431	Add  Remove
GP_	Shadow GP LLC	2500 N. Military Trail Suite 285 Boca Raton, Ft. 33431	Add Remove
<del></del>			Add Remove
<del></del>			Add Remove
			Add Remove
**************************************			Add Remove
limited parts	nited partnership or limited linb nership" status, enter change ber Imited Partnership bereby elects to	re:	_
☐ Tob L	imited Partnership hereby remove	s its "Limited Liability Limited	Partnership <sup>n</sup> status.
	ding or removing" limited liability limite		

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	The to
Effective date, if other than the date of filing:	12.00 12.00
(Effective date cannot be prior to nor more than 90 days after the date the State.)	is document is flied by the Florida Department of
•	<i>?,</i>
Signature(s) of a general partner or all general partners	
	_
(*NOTE: Only one current general partner is required to sign this documentating a "limited liability limited partnership" election statement. Ch	apter 620, F.S., requires all general partners to sign
when adding or removing a "limited liability limited partnership" election	n statement.)
Shadow GP LLC	,
RiciDonald Eigenham iin Managas	
By: Ronald Eisenberg, its Manager	
by. Notald Cisenberg, its Manager	
	. If any:
Signature(s) of all new or dissociating general narmer(s).	if any:
	.if any:
Signature(s) of all new or dissociating general partner(s).	.if any:
Signature(s) of all new or dissociating general partner(s).  Shadow Lake GP LLC	.if any:
Signature(s) of all new or dissociating general partner(s).	Many:
Signature(s) of all new or dissociating general narmer(s).  Shadow Lake GP LLC	Jf any:
Signature(s) of all new or disacclating general narmer(s).  Shadow Lake GP LLC  By: Ronald Eisenberg, its Manager	Jf any:
Signature(s) of all new or dissociating general narmer(s).  Shadow Lake GP LLC	Many:

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