Division of Corporations

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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Division of Corporations

Fax Number : (850)617-6383

Account Name : HILL WARD HENDERSON

Account Number : 072100000520 Phone : (813)221-3900 Fax Number : (813)200-5995

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

Email Address:

LP/LLLP AMENDMENT/RESTATEMENT/CORREC NISAN REALTY ADA COMPLIANT LTD.

Certificate of Status Certified Copy 1 Page Count 03 Estimated Charge \$105.00

Electronic Filing Menu

Corporate Filing Menu

Help

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CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP

	OF				
Nisan F	Realty ADA Compliar ently on file with Florida Depar	nt Ltd.		_	
insert mime curt	entry on the with Florida Depar	tment of State			
Pursuant to the provisions of section 620 limited liability limited partnership, who	0.1202, Florida Statutes, the se certificate was filed wit gned Florida document nu	h the Florida De	partment of	State on	
adopts the following certificate of amend	diment to its certificate of it	imited partnersh	ip.		
This amendment is submitted to amend the fo	ollowing:				
A. If amending name, enter the new nam here:	e of the limited partnership	or limited finbil	ity limited pa	rtnership	
New name must be	distinguishable and contain an a	acceptable suffix.			
Acceptable Limited Partnership suffixes: Limited Acceptable Limited Liability Limited Partnership	d Partnership, Limited, L.P., LP o suffixes: Limited Hability Lim	l, or Lid. ited Partnership, L.	.L.L.P. or.LLLP.		
B. If amending mailing address and/o principal office address here:	or principal office addres	s, <u>enter new ma</u>	illing addres	s and/or	
New Principal Office Add (Must be STREET address)	ress:				
New Mailing Address: (May be post office box)					
C. If amending the registered agent and new registered agent and/or the new registered.	or registered office address ered office address here:	s on our records,	, enter the na	ine of the	
Name of New Registered Agent:	Shelly Drakes				
New Registered Office Address:					
	Enter Florida street address				
	Orlando	, Florida _	32822		
	City	•	Zip Code		
	Page 1 of 3	•	ZIII HA	Annual .	

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New Registered Agent's Signature, if changing Registered Agent:

		If Changing Registered Age	If Changing Registered Agent, Signature of New Registered Agen				
	the general partner(s), <u>ent</u> ed from our records:	er the name and business addre	ess of each general partner bei				
Title	<u>Name</u>	Address	Type of Action				
			Add. Remove				
			Add Remove				
			Add				
			To Action to Act				
		,h	Remove				
			richAdd U				
			AD Remarke				
			Add Remove.				
		<u> </u>					
	ed partnership or limited l ship" status, enter change	iability limited partuership is here:	amending its "limited liabil				

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	F. If amending any other information,	enter change(s) here: (Attach additional sheets, if neces	sary.)			
	Section 5 of the Certificate of Limited P	Partnership is deleted in its entirety and replace	d with			
	the following: "The term of the Partnership shall commence on the date of the filing of this					
	Certificate of Limited Partnership with the	the Secretary of State of Florida and shall contin	านอ			
	until December 31, 2045, unless soone	er terminated as provided in the Limited Partner	ship			
	Agreement."					
	Effective date, if other than the date of filin (Effective date cannot be prior to nor more than 90 state.)	ng: days after the date this document is filed by the Florida Depar	riment of			
Ву:	removing a "limited limbility limited partnership" elewhen adding or removing a "limited liability limited Dalfen Terracotta Enterprises, Inc.	ired to sign this document unless the limited partnership is add lection statement. Chapter 620, F.S., requires all general partn	ing or ers to sign			

			· ····			
	Signature(s) of all new or dissociating ger	neral partner(s), if any:				
			<u> </u>			
		4				
	Filing Fee: \$52.50 Certified Copy (optional): \$52.50 Certificate of Status (optional): \$8.75	NECRETARY	T			
		Page 3 of 3	ED			
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