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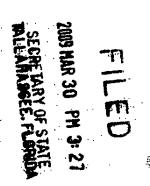
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C. LEWIS

MAR 3 1 2009

EXAMINER

COVER LETTER

TO:	TO: Registration Section Division of Corporations					
SUBJECT: Winter Park Pointe Family Limited Partnership (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 corre	spondence concerning	g this matter to:			
<u> </u>	ary Al	(Contact Person)				
		(Firm/Company)				
800 Semoran PARK DRIVE						
Winter Park, Florida 30790 (City, State and Zip Code)						
For further information concerning this matter, please call:						
(Name of Contact Person) at (561) 414-4130 (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		
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		MAILING A Registration S Division of Co P. O. Box 632 Tallahassee, F	Section orporations 27			

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

Winter Park Pointe Family Limited Partnership
(Insert name currently on file with Florida Department of State)

limited liability limited partnership, whose certi	Florida Statutes, this Florida limited partnership or ificate was filed with the Florida Department of State on Florida document number A000000000000000000000000000000000000						
This amendment is submitted to amend the following:							
A. If amending name, <u>enter the new name of the here</u> :	e limited partnership or limited liability limited partnership						
(New name must be distingui	ishable and contain an acceptable suffix.)						
Acceptable Limited Partnership suffixes: Limited Partner Acceptable Limited Liability Limited Partnership suffixes	ership, Limited, L.P., LP, or Ltd. s: Limited Liability Limited Partnership, L.L.L.P. or LLLP.						
B. If amending mailing address and/or principal office address here:	cipal office address, enter new mailing address and/or						
New Principal Office Address: (Must be STREET address)							
New Mailing Address:	SECRETARY OF PH						
(May be post office box)							
C. If amending the registered agent and/or regined registered agent and/or the new registered of	istered office address on our records, enter the name of the ffice address here:						
Name of New Registered Agent:							
New Registered Office Address:	(Enter Florida street address)						
	, Florida						
	(City) (Zip Code)						

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

SECRETARY OF STATE AND A STATE 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>, </u>	<u>Title</u>	<u>Name</u>	Address]	Type of Action
Gene	eral	L00000009919		
PARI	tuer	GDR Management LL	C 800 Semoran Park Winter Arry, FL 30790	
(a	nera)	L080000117073		☐ Add ☐ Remove
	<u>ther</u>	GAR PARTHERS LLC	800 Sembran Park Dr Winter Park FL 32792	Add Remove
-		<u>.</u>		☐ Add ☐ Remove
-				☐ Add ☐ Remove
-				☐ Add ☐ Remove
		d partnership or limited liability ship" status, enter change here:	limited partnership is amendi	ing its "limited liability
	This Limi	ted Partnership hereby elects to be a	"Limited Liability Limited Par	tnership."
	This Limi	ted Partnership hereby removes its '	"Limited Liability Limited Partn	ership" 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 t State.)	the date this document is filed by the Florida Department of
,	
Signature(s) of a general partner or all general pa	artners*:
(*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 partnershi	this document unless the limited partnership is adding or ement. Chapter 620, F.S., requires all general partners to sign
	,
Hary Wriola	
<u> </u>	
Signature(s) of all new or dissociating general pai	rtner(s), if any:
Hary Olriola	
Filing Fee: Certified Copy (optional): \$52.50	
Certified Copy (optional): \$52.50 Certificate of Status (optional): \$8.75	5 26

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FILED