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(Re	questor's Name)	· · · · · · · · · · · · · · · · · · ·
(Ad	dress)	
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(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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April 4, 2016

GARY ABRIOLA 800 SEMORAN PARK DRIVE WINTER PARK, FL 32782

SUBJECT: WINTER PARK POINTE FAMILY LIMITED PARTNERSHIP

Ref. Number: A0000001289

We have received your document for WINTER PARK POINTE FAMILY LIMITED PARTNERSHIP and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the dissociating general partner unless the document states the general partner is deceased or a guardian or general conservator has been appointed or the general partner previously filed a Statement of Dissociation with the Florida Department of State.

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.

Stacey M Mason Regulatory Specialist II

Letter Number: 316A00006845

COVER LETTER

Division of Corporations	
SUBJECT: Winter Park Poin	te Family Limited Partnership
	nership or Limited Liability Limited Partnership
The enclosed Certificate of Amendment and	d fee(s) are submitted for filing.
Please return all correspondence concerning	g this matter to:
Gary Abriola	· · · · · · · · · · · · · · · · · · ·
Contact Person	
Winter Park Pointe Family Limited I	Partnership
Firm/Company	
800 Semoran Park Drive)
Address	
Winter Park, Florida 3278	12
City, State and Zip Code	
lakemarygary@aol.com	
E-mail address: (to be used for future annual re	
For further information concerning this mat	tter, please call:
Gary Abriola	at (561) 414-4130
Name of Contact Person	Area Code and Daytime Telephone Number
Enclosed is a check for the following amou	nt:
\$52.50 Filing Fee Solution \$61.25 Filing Fee and Certificate of Status	\$105.00 Filing Fee and Certified Copy Certified Copy, and Certificate of Status
STREET ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building 2661 Executive Center Circle	P. O. Box 6327
Tallahassee, FL 32301	Tallahassee, FL 32314

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

D	The things of the		
Pursuant to the provisions of section 620.1202, limited liability limited partnership, whose cert 8-17-2000, assigned F	ificate was filed wi	th the Florida Department of Sta	
adopts the following certificate of amendment			
This amendment is submitted to amend the following	g:		
A. If amending name, enter the new name of the here:	e limited partnershi	p or limited liability limited partr	<u>iership</u>
New name must be distingu	nishable and contain an	acceptable suffix.	
Acceptable Limited Partnership suffixes: Limited Partne Acceptable Limited Liability Limited Partnership suffixe			
B. If amending mailing address and/or prin principal office address here:	cipal office addre	ss, <u>enter new mailing address a</u>	nd/or
New Principal Office Address:			
(Must be STREET address)			
N N 11			
New Mailing Address: (May be post office box)	· ·		
C. If amending the registered agent and/or registered agent and/or the new registered of		ss on our records, enter the name	of the
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flo	orida street address	
		, Florida	-
	City	Zip Code	}
		इहार च	
	m 4 65	Zip Code Zip Code NASSEE FLOR	֡֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓
	Page 1 of 3	ORIAT U	_

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, Signatur	re of New Registered Agent
D. If amending th added or removed		name and business address of eac	ch general partner being
<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>GP</u>	GDR Management LLC	800 Semoran Park Drive Winter Park, FL 32792	✓ Add ☐ Remove
GP	GDR Partners LLC	800 Semoran Park Drive Winter Park, Florida 32792	Add Remove
			Add Remove
			Add Remove

E. If the limited partnership or limited liability limited partnership is amending its "limited liability limited partnership" status, enter change here:

Remove

This Limited Partnership hereby elects to be a "Limited Liability Limited Partnership."

This Limited Partnership hereby removes its "Limited Liability Limited Partnership" 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 c	change(s) here: (Attach additional sheets, if necessary.)
Effective date, if other than the date of filing:	fter the date this document is filed by the Florida Department of
ignature(s) of a general partner or all genera	l partners*:
	sign this document unless the limited partnership is adding or statement. Chapter 620, F.S., requires all general partners to sign ership" election statement.)
DR Management LLC	Harry alrida, MGRM
Signature(s) of all new or dissociating general	partner(s), if any:
JDR MANAGEMENT LLG"	Vew" Darry Obriola M
-DR PARTHERS LLC "DISSO	ciating" Hary Olrisla M
	4
Filing Fee: \$52.50 Certified Copy (optional): \$52.50	ERETAF T
Certificate of Status (optional): \$8.75	SET OF IT
	DF STA
	RID.