# 40000001fs

| (Requ                      | estor's Name)     |        |
|----------------------------|-------------------|--------|
| (Addre                     | ess)              |        |
| (Addre                     | ess)              |        |
| (City/s                    | State/Zip/Phone # | )      |
| PICK-UP                    | ☐ WAIT            | MAIL   |
| (Busin                     | ness Entity Name) |        |
| (Docu                      | ment Number)      |        |
| Certified Copies           | Certificates of   | Status |
| Special Instructions to Fi | ling Officer:     |        |
|                            |                   |        |
|                            |                   |        |
| i                          |                   |        |
|                            |                   |        |

Office Use Only



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SEPARTMENT OF STATE

15 JUL - 1 AM 10: 57

SECRETARY OF STATE

SECRETARY OF STATE OF

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

| Phone: 850-558-1500  |
|--|
| ACCOUNT NO. : I2000000195  |
| REFERENCE : 691711 82866A  |
| AUTHORIZATION: Sypulation  |
| COST LIMIT : \$\sqrt{5250}   |
| ORDER DATE : June 30, 2015   |
| ORDER TIME : 10:07 AM  |
| ORDER NO. : 691711-015   |
| CUSTOMER NO: 82866A  |
|  |
| DOMESTIC AMENDMENT FILING  |
| NAME: LAKE ASHTON GOLF CLUB, LTD.                                  |
| EFFECTIVE DATE:  |
| XX ARTICLES OF AMENDMENT RESTATED ARTICLES OF INCORPORATION        |
| PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:                    |
| CERTIFIED COPY  XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING |
| CONTACT PERSON: Courtney Williams EXT# 62935                       |

EXAMINER'S INITIALS:

### **COVER LETTER**

| TO: Registration Section Division of Corporations              |   |
|--|---|
| SUBJECT: Lake Ashton Go  |   |
| Name of Florida Limited Partnership or Lin                     | nited Liability Limited Partnership   |
| The enclosed Certificate of Amendment and fee(s) are           | submitted for filing.   |
| Please return all correspondence concerning this matter        | r to:   |
| Justin P. Callaham   |   |
| Contact Person   |   |
| Clark, Campbell, Lancaster & Munson, P.A.                      |   |
| Firm/Company   |   |
| 500 South Florida Avenue, Suite 800                            |   |
| Address  |   |
| Lakeland, Florida 33801  |   |
| City, State and Zip Code                                       |   |
| jcallaham@clarkcampbell-law.com                                |   |
| E-mail address: (to be used for future annual report notificat | tion)   |
|  |   |
| For further information concerning this matter, please         | call:   |
| Lat D Oallaham   | 0.47.5007   |
| Justin P. Callaham at (86  Name of Contact Person Area Co      | 3 ) 647-5337<br>ode and Daytime Telephone Number                                  |
| Haire of Compact (Cross)                                       | ode and Dayinne Telephone Number  |
| Enclosed is a check for the following amount:                  |   |
| \$52.50 Filing Fee S61.25 Filing Fee and Certificate of Status | Filing Fee \$113.75 Filing Fee, cd Copy Certified Copy, and Certificate of Status |
| · · · · · · · · · · · · · · · · · · ·                          | AILING ADDRESS:   |
|  | egistration Section   |
| <u> </u>   | ivision of Corporations   |
|  | O. Box 6327<br>allahassee, FL 32314   |
| Tallahassee FL 32301   | manassee, FL 32317  |

#### CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

| Lak  | e Ashte                 | on Golf Cl                    | ub, Ltd.                         |                                    |             |
|--|-------------------------|-------------------------------|----------------------------------|------------------------------------|-------------|
| Insert name cu   | rrently on i            | file with Florid              | a Department of State            | :                                  |             |
| Pursuant to the provisions of section 62 limited liability limited partnership, when 12/12/200, as | ose certif<br>signed Fl | ficate was fil<br>orida docum | ed with the Florid<br>ent number | a Department of State A00000001899 | on<br>,     |
| adopts the following certificate of amer   | ndment to               | its certifica                 | te of limited partn              | ership.                            |             |
| This amendment is submitted to amend the   | following:              |                               |                                  |                                    |             |
| A. If amending name, enter the new name here:  | me of the               | limited parti                 | nership or limited l             | liability limited partners         | <u>ship</u> |
|  | <del></del>             | N/A                           | ain an acceptable suff           |                                    | _           |
| New name must be   | e distinguis            | shable and cont               | ain an acceptable suff           | ix.                                |             |
| Acceptable Limited Partnership suffixes: Limite<br>Acceptable Limited Liability Limited Partnersh  |                         |                               |                                  | ip, L.L.L.P. or LLLP.              |             |
| B. If amending mailing address and principal office address here:                                  | or princ                | ipal office a                 | ddress, <u>enter nev</u>         | v mailing address and              | <u>/or</u>  |
| New Principal Office Ad<br>(Must be STREET address)  | dress:                  | <u>N/A</u>                    |                                  | SHOW.                              |             |
| New Mailing Address: (May be post office box)  |                         |                               |                                  | ARY C                              | T.          |
| C. If amending the registered agent and  | d/or regist             | tered office a                | ddress on our reco               | ords, enter the name of            |             |
| new registered agent and/or the new regis  | sterea om               | ce auuress ne                 | ere:                             |                                    |             |
| Name of New Registered Agent:  | N/A                     |                               |                                  |                                    |             |
| New Registered Office Address:   |                         | En                            | ter Florida street ad            | dress                              |             |
|  |                         | 23.                           |                                  | _                                  |             |
|  |                         | City                          | , Flori                          | da<br>Zip Code                     |             |

#### 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.

| 7.7.701 / 10 / 1       | Agent, Signature of New Registered Agent   |
|------------------------|--|
| it i hanning kempleted | Acent Signature of New Magazieros Acent    |
| TI CHAHELIK KERKERU    | ARCIII, DIRIIBIUIC DI NON NORISIONA ARCIII |
|                        |  |

## 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>Title</u>         | <u>Name</u>                                       |                                     | Address   | Type of Action              |
|----------------------|---|-------------------------------------|---|-----------------------------|
| <u>GP</u>            | Century Resid                                     | lential, LLC                        | 500 South Florida Ave<br>Suite 700<br>Lakeland, Florida 33801 | Add<br>Remove               |
| <u>GP</u>            | Century Prope                                     | erties-RES, LLC                     | 500 South Florida Ave<br>Suite 700<br>Lakeland, Florida 33801 | X Add<br>Remove             |
|                      |   |                                     |   | Add<br>Remove               |
|                      |   |                                     |   | Add Remove                  |
|                      |   |                                     |   | Add<br>Remove               |
|                      |   |                                     |   | Add<br>Remove               |
| E. If the limited pa | limited partnership or<br>rtnership" status, ente | limited liability<br>r change here: | limited partnership is amend                                  | ding its "limited liability |
| This                 | Limited Partnership he                            | reby elects to be a                 | "Limited Liability Limited Pa                                 | rtnership."                 |
| This                 | Limited Partnership he                            | reby removes its '                  | Limited Liability Limited Par                                 | tnership" status.           |

(NOTE: If adding or removing" limited liability limited partnership" status, all general partners must sign this amendment.)

| N/A  |  |
|--|--|
|  |  |
|  |  |
|  |  |
|  |  |
|  | the date this document is filed by the Florida Department of   |
| tate.)   |  |
|  |  |
| ignature(s) of a general partner or all general p  | artners*:  |
| "NOTE: Only one current general partner is required to sign emovine a "limited liability limited partnership" election state   | n this document unless the limited partnership is adding or<br>ement. Chapter 620, F.S., requires all general partners to sign |
| when adding or removing a "limited liability limited partnersh   |  |
| General Partner:   |  |
| General Partner.   |  |
|  | · · · · · · · · · · · · · · · · · · ·  |
| Century Properties-RES, LLC  |  |
| Century Properties-RES, LLC  |  |
| Century Properties-RES, LLC  By: William D. Drost, its Vice President  |  |
| By: William D. Drost, its Vice President   | Je CS  |
| By: William D. Drost, its Vice President   | rtner(s), if any:  |
| By: William D. Drost, its Vice President  Signature(s) of all new or dissociating general pa   | AHA:   |
| By: William D. Drost, its Vice President  Signature(s) of all new or dissociating general pa  Dissociating General Partner:  | New General Partner:   |
| By: William D. Drost, its Vice President  Signature(s) of all new or dissociating general pa  Dissociating General Partner:  Century Residential, LLC                              | AHA:   |
| Century Properties-RES, LLC  By: William D. Drost, its Vice President  Signature(s) of all new or dissociating general pa  Dissociating General Partner:  Century Residential, LLC | New General Partner:   |
| By: William D. Drost, its Vice President  Signature(s) of all new or dissociating general pa  Dissociating General Partner:  Century Residential, LLC                              | New General Partner:  Century Properties-RES, LLC, See See See See See See See See See Se                                      |
| By: William D. Drost, its Vice President  Signature(s) of all new or dissociating general pa  Dissociating General Partner:  Century Residential, LLC                              | New General Partner:  Century Properties-RES, LLC  Weller Off  |
| By: William D. Drost, its Vice President  Signature(s) of all new or dissociating general pa  Dissociating General Partner:  Century Residential, LLC                              | New General Partner:  Century Properties-RES, LLC, See See See See See See See See See Se                                      |