A0100000126

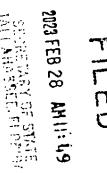
| (Requestor's Name) | | | | |
|---|------------------|-------------|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (City) | /State/Zip/Phone | e #) | | |
| PICK-UP | MAIT | MAIL | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies | Certificates | s of Status | | |
| Special Instructions to Filing Officer: | | | | |
| | | | | |
| | | | | |
| | | | | |





300399613363

LP N/C Amena



A. RAMSEY MAR 0 1 2023



A. RAMSEY

MΛ

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE : 533917 7232314 AUTHORIZATION COST LIMIT ORDER DATE: February 28, 2023 ORDER TIME : 2:16 PM ORDER NO. : 533917-010 CUSTOMER NO: 7232314 DOMESTIC AMENDMENT FILING NAME: ADDISON PARK LIMITED PARTNERSHIP 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

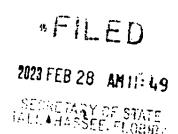
EXAMINER'S INITIALS:

CONTACT PERSON: Alexxis Weiland -- EXT#

COVER LETTER

| TO: Registration Division of (| Section Corporations | | |
|---|--|--|---|
| SURJECT: Addison | Park Limited Partnership | | |
| N' | ame of Florida Limited Par | nership or Limited Liabilit | y Limited Partnership |
| The enclosed Certif | icate of Amendment a | nd fee(s) are submitted | for filing. |
| Please return all cor | respondence concerni | ng this matter to: | |
| | | | |
| | Contact Person | | |
| | Firm/Company | | |
| | Address | | |
| | City, State and Zip Code | | |
| E-mail address: (to | be used for future annual | report notification) | |
| For further informat | ion concerning this ma | atter, please call: | |
| | <u> </u> | at () | |
| Name of Conta | act Person | Area Code and Day | time Telephone Number |
| Enclosed is a check | for the following amo | unt: | |
| ☐ \$52.50 Filing Fee | ☐S61.25 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 | | MAILING A Registration Division of C P. O. Box 63 Tallahassee. | Section Corporations 27 |
| Tallahassee, FL 323 | | rananassee. | וונשנ נו |

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF



Addison Park Limited Partnership

Insert name currently on file with Florida Department of State

| Pursuant to the provisions of section 620.1202, Firmited liability limited partnership, whose certifications are continuous continuous. | icate was filed w | with the Florida Department of State on |
|---|----------------------|---|
| January 23, 2001, assigned Flo | orida document r | number A01000000126, |
| idopts the following certificate of amendment to | its certificate of | limited partnership. |
| This amendment is submitted to amend the following: | | |
| A. If amending name, <u>enter the new name of the lare:</u> | limited partnersh | nip or limited liability limited partnershi |
| Rise 2534 Holding Limited Partnership | | |
| New name must be distinguish | hable and contain as | n acceptable suffix. |
| Acceptable Limited Partnership suffixes: Limited Partners. Acceptable Limited Liability Limited Partnership suffixes: | | |
| B. If amending mailing address and/or princi principal office address here: | pal office addre | ess, enter new mailing address and/or |
| New Principal Office Address: | | |
| (Must be STREET address) | | |
| · | | · · · · · · · · · · · · · · · · · · · |
| New Mailing Address: | | |
| (May be post office box) | | |
| | | |
| C. If amending the registered agent and/or regist new registered agent and/or the new registered office | | ess on our records, <u>enter the name of th</u> |
| | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter F | lorida street address |
| | | Florida |
| | City | Florida 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 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>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action |
|--------------|-------------|----------------|-------------------|
| | | | _ |
| | | _ | |
| | | | □ 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:

| This Limited Partnershi | n 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 info | rmation, enter c | change(s) here: (Attach additional sheets, if necessary.) |
|--|------------------------------|--|
| | | |
| | | |
| | | |
| | | <u> </u> |
| State.) | ere than 90 days af | fter the date this document is filed by the Florida Department of oplicable statutory filing requirements, this date will not not of State's records. |
| Signature(s) of a general partne | r or all general | l partners*: |
| | nership" election s | sign this document unless the limited partnership is adding or statement. Chapter 620, F.S., requires all general partners to signship" election statement.) |
| Addison Park Apartments, Inc. | | |
| By: Connell J. Watters, Secretary | | Consell J. Watters |
| | | |
| Signature(s) of all new or dissoc | iating general | partner(s), if any: |
| | | |
| | | |
| | | |
| | | |
| Filing Fee: Certified Copy (optional): Certificate of Status (optional): | \$52.50 \$52.50 \$8.75 | |