A01000000960

| (Requestor's Name) | | | | | |
|-------------------------|--------------------|-----------|--|--|--|
| (Address) | | | | | |
| (Ad | Idress) | | | | |
| (Cit | ty/State/Zip/Phone | #) | | | |
| PICK-UP | WAIT. | MAIL | | | |
| (Bu | isiness Entity Nam | e) | | | |
| (Do | ocument Number) | | | | |
| Certified Copies | _ Certificates | of Status | | | |
| Special Instructions to | Filing Officer: | | | | |
| | | | | | |
| | • | | | | |
| | | | | | |

Office Use Only



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12/31/12--01022--015 **52.50

12 DEC 31 PH 4: 01
SECRETARY OF STATE

B. BOSTICK

JAN - 3 2013

EXAMINER

COVER LETTER

| TO: | Registration Division of C | Section Corporations | | | | |
|--------|-----------------------------|--|---|--|-----------|-------|
| SUBJ | ECT: | TOWER I | ROAD GARDENS | s, LTD | | |
| | N | ame of Florida Limited Par | tnership or Limited Liabili | ty Limited Partnership | | |
| The er | nclosed Certif | icate of Amendment a | nd fee(s) are submitted | for filing. | | |
| Please | return all cor | respondence concerni | ng this matter to: | | | |
| | JAN | MES M. SCHIFF, ES | Q | | | |
| | | Contact Person | | | | |
| | JA | MES M. SCHIFF, P. | A | | | |
| | | Firm/Company | | | | |
| | 9130 S. DA | ADELAND BLVD. SU | JITE 1225 | | | |
| | | Address | | | | |
| | | MIAMI, FL 33156 | | | | |
| | | City, State and Zip Code | | 1 | | |
| | ii | m@jmschifflaw.com | | | | |
| Ē | | o be used for future annual | | ₹ | | |
| | • | | • | SEC | 12 | |
| For fu | rther informa | tion concerning this m | atter, please call: | AHAS | 12 DEC 31 | |
| | JAMES M. | SCHIFF, ESQ. | at (<u>305</u>) | 670-55 <u>99∰</u> 二 | |) |
| | Name of Cont | act Person | Area Code and Day | time Telephone Number | =¥ | |
| Enclos | sed is a check | for the following amo | ount: | LORIC | PH 4: 01 | |
| \$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 | | |
| STRE | ET ADDRE | SS: | MAILING | ADDRESS: | | |
| _ | tration Section | | Registration | | | |
| | on of Corpora | ations | | Corporations | | |
| | n Building Executive Cei | oter Circle | P. O. Box 6. Tallahassee. | | | |
| | executive Cernassee, FL 32 | | r ananassee, | , I'L 3231 4 | | |
| | | - | | | | |

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

| Tower Insert name curren | ROA | 0 | GAI | EDEN. | ٢, | LT | > | | |
|---|--------------------------|-----------------|------------------|-------------|--------------|-----------------|-------------------|-------------|----------------|
| Insert name curren | ntly on file | with F | lorida I | Department | of St | ate | | | |
| Pursuant to the provisions of section 620. limited liability limited partnership, whose JULY 17, 2001, assignadopts the following certificate of amendations. | e certifica ned Flori | ite wa da do | s filed cumer | l with the | Flor | ida De A0 | partmen 100000 | nt of Sta | |
| This amendment is submitted to amend the fol | lowing: | | | | | | | | |
| A. If amending name, <u>enter the new name</u> here: | of the lim | nited j | <u>partne</u> | rship or l | <u>imite</u> | <u>d liabil</u> | lity limit | ed parti | <u>nership</u> |
| | Ν | /A | | | | | | | |
| New name must be d | istinguishab | ole and | contai | n an accept | able s | uffix. | | | |
| Acceptable Limited Partnership suffixes: Limited Acceptable Limited Liability Limited Partnership B. If amending mailing address and/or principal office address here: | suffixes: Lii | mited I | Liability | v Limited F | artne | | | | and/or |
| New Principal Office Address) (Must be STREET address) | <u>ess:</u> | N/A_ | | | | | SEGRE MAS | 12 pec 3 | <u> </u> |
| New Mailing Address: (May be post office box) | - - - | | | | | | SEE FLORIDA | <u> </u> | FILED |
| C. If amending the registered agent and/onew registered agent and/or the new registered | | | | | our r | ecords | , <u>enter tl</u> | ne name | e of the |
| Name of New Registered Agent: | N/A | | | | | | | | |
| New Registered Office Address: | | | Ente | r Florida | street | addres | ss: | | |
| | | | | | FI | orida | | | |
| | | Cit | 12 | | _, ' ' | oriua | 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.

| If Changing Registered | | |
|------------------------|--|--|

| D. | If amending the general partner(s), | enter the name | and business | address of | each general | partner | being |
|----|-------------------------------------|----------------|--------------|------------|--------------|---------|-------|
| | led or removed from our records: | | | | | | |

| <u>Title</u> | Name | Address | Type of Action |
|--------------|--|--|-------------------------------|
| <u>GP</u> | Two Tower Road Gardens, | 5709 NW 158 STREET Miami Lakes, FL 33016 | ☐ Add ✓ Remove |
| GP | La Joya Apartments. Inc. P12 000103106 | 7735 NW 146 Street, Ste 3 Miami Lakes, FL 33016 | Add Remove |
| | | | Add PH 4: 01 Add Remove |
| | | | Remove |

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

| Ш | 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.)

| N/A | |
|---|--|
| IVA | |
| | |
| | |
| | |
| | |
| 200 - Alice Jane 10 - Alice Alice Alice Alice of Cilings | <u> </u> |
| Effective date, if other than the date of filing: | is filed by the Florida Department |
| | |
| Signature(s) of a general partner or all general partners*: | |
| *NOTE: Only one current general partner is required to sign this document unless the removing a "limited liability limited partnership" election statement. Chapter 620, F.S. | S., requires all general partners to s |
| when adding or removing a "limited liability limited partnership" election statement.) | |
| LEWIS SWELY | |
| TOWER ROAD GARDENS, INC. | |
| | |
| | |
| | |
| | |
| | 12 SE TALI |
| Signature(s) of all new or dissociating general partner(s), if any: | |
| | C3 |
| LEWIS SWELL | SSY - 1 |
| LA FOYA GARDENS, INC. | OF S |
| | FAT OR |
| | |
| | |
| | |
| m::: m | |
| Filing Fee: \$52.50 Certified Copy (optional): \$52.50 | |
| Certificate of Status (optional): \$8.75 | |