Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : ALLEY MAASS ET AL (SJH)

Account Number : I19990000280 Phone : (561)659-1770 Fax Number : (561)833-2261

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: Stuart. Wast @ AMRL. COM

# LP/LLLP AMENDMENT/RESTATEMENT/CORRECTION NORTHLAKE PROPERTY INVESTMENTS LIMITED PARTNERSHIP



Certificate of Status	0
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DEC 17 2012

**EXAMINER** 

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### CERTIFICATE OF AMENDMENT $\mathbf{TO}$ CERTIFICATE OF LIMITED PARTNERSHIP OF

## NORTHLAKE PROPERTY INVESTMENTS LIMITED PARTNERSHIP Insert name currently on file with Florida Department of State

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	iose certi signed Fl	ficate was filed with the lorida document number	e Florida D erA	epartment of S 01000001187	tate on
adopts the following certificate of ame	adment to	o its certificate of lunit	ed partnersh	nip.	
This amendment is submitted to amend the	following	;;	•		
A. If amending name, enter the new na here:	<u>me of the</u>	limited partnership or	<u>limited liab</u>	ility limited par	tnership 20E
New name must b	e distingui	shable and contain an accep	table suffix.	1.5 do	
Acceptable Limited Partnership suffixes: Limit Acceptable Limited Liability Limited Partnersh	hip suffixes	: Limited Liability Limited .	Parmership, L		
B. If amending mailing address and principal office address here:	or princ	cipal office address, <u>er</u>	iter new m	alling address	and/or
New Principal Office Ad	dress:	C/O MARYELLEN	H LEWIS	<u></u> .	
(Must be STREET address)		31 W 20TH STRE	ET		
		<u>RIVIERA BEACH</u>	<u>FL 33404</u>		
New Mailing Address: (May be post office box)		PO BOX 9726 RIVIERA BEACH	FL 33419		
C. If amending the registered agent an new registered agent and/or the new regi			our records	s, <u>enter the nan</u>	er of the
Name of New Registered Agent:	STU	IART J HAFT ESQ			
New Registered Office Address:	340	ROYAL POINCIANA	WAY STE	321	
•	•	Enter Florida	street addre.	2.2	
•	,	PALM BEACH	, Florida _	33480	
		City		Zip Code	
			H1200	002936583	

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#### 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, 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:

Name	<u>Addr<del>es</del>s</u>	Type of Action
		Add Fo 2
		Add SR
		Add Remove AHASS Remove AR
		Add
		Add Remove
		Add Remove
	Namo	Name

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

This Limited Partnership hereby removes its "Limited Liability Limited Partnership" status.

### H120002936583

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fective date, if other than the date of filing: fective date cannot be prior to nor more than 90 days after the date this document is fil te.)	led by the Florida Department of
gnature(s) of a general partner or all general partners*:	
· · · · · · · · · · · · · · · · ·	and the discourse and the land of the same
NOTE: Only one current general partner is required to algorithis document unless the limoving a "limited liability limited partnership" election statement. Chapter 620, F.S., r	mited partnership is adding or equires all general partners to sign
hen adding or removing a "limited liability limited partnership" election statement.)	, , ,
nanther It. Lewis	<b>2812</b> (
ARYELLEN H. LEWIS, PRESIDENT	ACT O
DI. MANAGEMENT, INC.	SS - 4
	تشه لمن
	FLC
	<u> </u>
ignature(s) of all new or dissociating general partner(s), if any:	30 S
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