4/11/2017

Division of Corporations

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

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: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (614)280-3338 Phone

Fax Number : (954)208-0845

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

Email	Address:		

LP/LLLP AMENDMENT/RESTATEMENT/CORRECTION VDC - MATTHEW RIDGE, LTD.

Certificate of Status	Ð	
Certified Copy	1	
Page Count	04	
Estimated Charge	\$105.00	

Electronic Filing Menu

Corporate Filing Menu

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

VDC - Ma Insert name currently on	tthew Ridge, file with Florida Dep						
Pursuant to the provisions of section 620.1202, Florida Statutes, this Florida limited partnership or limited liability limited partnership, whose certificate was filed with the Florida Department of State on September 18, 2001, assigned Florida document number A01000001262, adopts the following certificate of amendment to its certificate of limited partnership.							
This amendment is submitted to amend the following	:						
A. If amending name, enter the new name of the here:	limited partnersh	dp or limited liability limited partnership					
uere.	97 ° ***						
New name must be distingui	shable and contain a	1 acceptable suffix.					
Acceptable Limited Partnership suffixes: Limited Partner Acceptable Limited Liability Limited Partnership suffixes B. If amending mailing address and/or principal office address here:	: Limited Liability Li	ess, enter new mailing address and/or					
New Principal Office Address: (Must be STREET address)							
(Must be S) KEET acaress)		PR I					
New Mailing Address;		<u>~</u>					
(May be post office box)							
		•					
C. If amending the registered agent and/or registered off	tered office addre ice address here:	ess on our records, enter the name of the					
Name of New Registered Agent:							
New Registered Office Address:	Enter F	lorida street address					
		Phoda					
	Citu	, Florida					

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:

Add Remove	
Add Remove	
Add Remove	
Add Remove	
Add Remove	17 APR
Add Remove	S SEE SEE SEE SEE SEE SEE SEE SEE SEE S
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 ame	indmont)

F. If amending any other information	n, enter change	(s) here: (Atta	ch additional sheets, if never	ssary.)
The term for which the Partnership is	s to exist as a	limited partr	nership, as stated in Se	ction
5 of the Certificate of Limited Partner	ship, shall be	extended to	December 31, 2052, L	ınless
sooner dissolved in accordance with	the then corre	ect limited pa	artnership agreement fo	or
VDC - Matthew Ridge, Ltd., or by an	act or event s	pecified by	law as one effecting	
dissolution.				
Effective date, if other than the date of fi (Effective date cannot be prior to nor more than State.)	ling:_ 90 days after the a	late this docume	ont is filed by the Florida Depa	rtment of
Signature(s) of a general partner or all	general partn	iers*:		
(*NOTE: Only one current general partner is re- removing a "limited liability limited partnership" when adding or removing a "limited liability limited	election statemen	t. Chapter 620,	F.S., requires all general partn	ling or ers to sign
Alden GP-Texas, LLC By: Mackinaw Holdings, LLC, its sole member By: Alden Affording Holdings, LLC, its sole By: Waddle	member		,	
Title: Vice President and Secretary Signature(s) of all new or dissociating s	<u></u> <u>veneral partne</u>	r(s), if any:	7, 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
				
				
Filing Fee: \$52.50 Certified Copy (optional): \$52.50 Contiling to of Status (antional): \$9.75	0	ાં		17 APR 12
Certificate of Status (optional): \$8.79	J			3330