

A020000000265

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

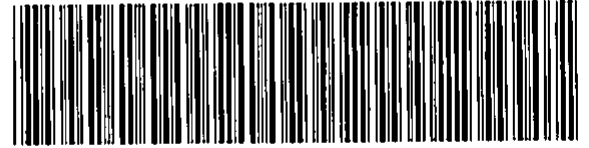
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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LP Amend

04/29/24--01004--006 **157.50-

FILED
2024 APR 26 AM 10:20
CLERK OF COURT
HALLANDALE BEACH, FLORIDA

RECEIVED
2024 APR 26 PM 3:49
HALLANDALE BEACH, FLORIDA

A. RAMSEY

APR 29 2024

**CORPORATE
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When you need ACCESS to the world

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WALK IN

PICK UP: BROOK 4/26

CERTIFIED COPY

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LTD AMEND

1. COLLINS COVE HOUSING PARTNERS LTD

(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

**CERTIFICATE OF AMENDMENT
TO
CERTIFICATE OF LIMITED PARTNERSHIP
OF**

FILED

2024 APR 26 AM 10:30

CLERK OF STATE
TALLAHASSEE, FLORIDA

COLLINS COVE HOUSING PARTNERS, LTD.

Insert name currently on file with Florida Department of State

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 02/28/2002, assigned Florida document number A02000000265, 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 limited partnership or limited liability limited partnership here:

New name must be distinguishable and contain an acceptable suffix.

Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.

Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.

B. If amending mailing address and/or principal office address, enter new mailing address and/or principal office address here:

New Principal Office Address:

(Must be STREET address)

New Mailing Address:

(May be post office box)

C. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

132 Sawmill Lakes Blvd

Enter Florida street address

Ponte Vedra Beach

City

, Florida 32082

Zip Code

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.

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>	<u>Type of Action</u>
GP	FINLAY INTERESTS GP 46, LLC	1001 BRICKELL BAY DRIVE SUITE 1504 MIAMI, FL 33131	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
GP	FINLAY INTERESTS GP 46, LLC	100 Crescent Court, Suite 700 Dallas, TX 75201	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

☐ This Limited Partnership hereby elects to be a “Limited Liability Limited Partnership.”

☐ This Limited Partnership hereby removes its “Limited Liability Limited Partnership” status.

Page 2 of 3

F. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Effective date, if other than the date of filing: _____
(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Signature(s) of a general partner or all general partners*:

(*NOTE: Only one current general partner is required to sign this document unless the limited partnership is adding or removing a "limited liability limited partnership" election statement. Chapter 620, F.S., requires all general partners to sign when adding or removing a "limited liability limited partnership" election statement.)

FINLAY INTERESTS GP 46, LLC

_____	_____
_____	_____
_____	_____
_____	_____

Signature(s) of all new or dissociating general partner(s), if any:

_____	_____
_____	_____
_____	_____
_____	_____

Filing Fee:	\$52.50
Certified Copy (optional):	\$52.50
Certificate of Status (optional):	\$8.75