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(F	Requestor's Name)		
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	City/State/Zip/Phone #)		
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PICK-UP	☐ WAIT	MAIL	
(	Business Entity Name)	<u> </u>	
(Document Number)			
Certified Copies	Certificates of	Status	
Special Instructions	to Filing Officer:		
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SECRETARY OF STATE

3 JUL -5 PH 2:

## COVER LETTER

TO: Registration Section Division of Corporations				
	ousing Partners, Ltd.			
The enclosed Certificate of Amendment and fe	e(s) are submitted for filing.			
Please return all correspondence concerning this	is matter to:			
David Thompson  Contact Person				
Herman & Kittle Properties, Inc				
Firm/Company	<b>.</b>			
500 East 96th Street, Suite 300 Address				
Indianapolis, IN 46240				
City, State and Zip Code				
dthompson@hermankittle.com				
E-mail address: (to be used for future annual repor	t notification)			
For further information concerning this matter,	please call:			
David Thompson at	( 317 ) 663-6814			
Name of Contact Person	Area Code and Daytime Telephone Number			
Enclosed is a check for the following amount:				
	\$105.00 Filing Fee, d Certified Copy Certified Copy, and Certificate of Status			
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL, 32301	MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314			

## CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

		ISING Partners, e with Florida Departm			
Pursuant to the provisions of section 620 limited liability limited partnership, who march 1, 2002, assigned adopts the following certificate of amend	se certific gned Flo	cate was filed with trida document num	the Florida D ber <u> </u>	Department of S 02000000266	tate on
This amendment is submitted to amend the fo	llowing:				
A. If amending name, enter the new name here:	e of the li	mited partnership o	r limited liab	ility limited par	<u>tnership</u>
New name must be o	distinguish	able and contain an acc	eptable suffix.		
Acceptable Limited Partnership suffixes: Limited Acceptable Limited Liability Limited Partnership				L.L.L.P. or LLLP.	
B. If amending mailing address and/o principal office address here:	r princij	pal office address,	enter new n	ailing address	and/or
New Principal Office Adda (Must be STREET address)	ess:	500 East 96th St Indianapolis, IN		300	
New Mailing Address: (May be post office box)		500 East 96th Si Indianapolis, IN		300	
C. If amending the registered agent and/onew registered agent and/or the new registered Agent:	ered offic			s, enter the nar	ne of the
New Registered Office Address:	155 C	Office Plaza Drive, Enter Florid	Suite A la street addre	SS SEC	-5 PM
		Tallahassee	, Florida	323012	4 2: 3;
		City		Zip Code	ယ်

## 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.

Jaclyn Wright, Asst. Secretary

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>	Name	Address	Type of Action
, .	<del></del>	The Oaks Housing Partners GP, LLC	500 East 96th Street Suite 300 Indianapolis, IN 46240	Add Remove
-	<del></del> ,	Columbia Housing SLP Corporation	121 S.W. Morrison Street Suite 1300 Portland, OR 97204	Add ✓ Remove
-	<del></del> -			Add Remove
,	<del></del>			Add Remove
-				Add Remove
	· ·	·.		Add Remove
E. If limite	the limited p d partnershi	partnership or limited liability p" status, enter change here:	y limited partnership is amen	ding its "limited liability
	This Limited	Partnership hereby elects to be	a "Limited Liability Limited P	artnership."
		Partnership hereby removes its	•	•
( <u>NOTI</u>		removing" limited liability limited p	-	·

F. If amending any other information	ı, enter change	(s) here: (Attach additional sheets, if necessary.)
		·
Effective date, if other than the date of fil (Effective date cannot be prior to nor more than 9	ing:	date this document is filed by the Florida Department of
State.)	,	
Signature(s) of a general partner or all	general part	ners*:
(*NOTE: Only one current general partner is requestioning a "limited liability limited partnership" when adding or removing a "limited liability limit	election statemer	document unless the limited partnership is adding or at. Chapter 620, F.S., requires all general partners to signification statement.)
The oaks Housing Partners GP,	ΓτC	444
	<del>-</del>	
Signature(s) of all new or dissociating a	general partn	er(s), if any:
Columbia Housing SLP Corpor	a tron	Kull
	_	
	_	
	_	
Filing Fee: \$52.50 Certified Copy (optional): \$52.50 Certificate of Status (optional): \$8.75	0	