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CORPORATION SERVICE COMPANY 1201 Hays Street
Tallhassee, FL 32301
Phone: 850-558-1500

| Phone: 850-558-1500 | |
|---|---------------------|
| ACCOUNT NO. | : 12000000195 |
| REFERENCE | : 824883 3487A |
| AUTHORIZATION | Spelledenan |
| COST LIMIT | : \$113.75 |
| ORDER DATE: October 8, 2015 ORDER TIME: 1:12 PM | 2015 SEC TALL |
| ORDER NO. : 824883-005 | AR OCI |
| CUSTOMER NO: 3487A | -8 / |
| DOMESTIC AM NAME: SILVERSTEIN FA PARTNERSHIP 20 | MILY LIMITED |
| EFFECTIVE DATE: | |
| XX ARTICLES OF AMENDMENT RESTATED ARTICLES OF INCO. | RPORATION |
| PLEASE RETURN THE FOLLOWING AS | PROOF OF FILING: |
| XX CERTIFIED COPY PLAIN STAMPED COPY XX CERTIFICATE OF GOOD STA | NDING |
| CONTACT PERSON: Courtney William | ams EXT# 62935 |

EXAMINER'S INITIALS:

COVER LETTER

| TO: Registration Section Division of Corporations | |
|---|-----|
| SUBJECT: Silverstein Family Limited Partnership 2002, Ltd. Name of Florida Limited Partnership or Limited Liability Limited Partnership | |
| The enclosed Certificate of Amendment and fee(s) are submitted for filing. | |
| Please return all correspondence concerning this matter to: | |
| Paul D. Smith | |
| Contact Person | |
| Axelrod & Smith | |
| Firm/Company | |
| 5300 Memorial Drive, Suite 1000 | |
| Address | |
| Houston, Texas 77007 | |
| | |
| pdsmith@asklawhou.com | |
| E-mail address: (to be used for future annual report notification) | |
| | } i |
| For further information concerning this matter, please call: | _ |
| Paul D. Smith at (281) 373 5678 | |
| Name of Contact Person Area Code and Daytime Telephone Number | |
| Enclosed is a check for the following amount: | |
| \$52.50 Filing Fee Solution Status Solution Solution Solution Status Solution Solutio | |
| STREET ADDRESS: MAILING ADDRESS: | |
| Registration Section Registration Section | |
| Division of Corporations Division of Corporations | |
| Clifton Building P. O. Box 6327 2661 Executive Center Circle Tallahassee, FL 32314 | |
| 2661 Executive Center Circle Tallahassee, FL 32314 Fallahassee, FL 32301 | |

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP

| | | nited Partnership | | ld. | | |
|--|---|---|------------------------------|----------------------|--|------------------|
| Insert name cur | rently on f | ile with Florida Departme | ent of State | | | |
| | ose certifi igned Flo | icate was filed with the orida document number | he Florida I ber <i>P</i> | Departmen 0200000 | nt of S | tate on |
| adopts the following certificate of amen | dment to | its certificate of limi | ted partners | ship. | | |
| This amendment is submitted to amend the f | ollowing: | | | | | |
| A. If amending name, enter the new name here: | ne of the | limited partnership or | limited lial | oility limit | ed par | <u>tnershi</u> j |
| New name must be | distinguis | hable and contain an acce | ptable suffix. | | ************************************** | |
| Acceptable Limited Partnership suffixes: Limite Acceptable Limited Liability Limited Partnershi | d Partners p suffixes: | hip, Limited, L.P., LP, or Limited Liability Limited | Ltd. Partnership, | L.L.L.P. or | LLLP. | |
| B. If amending mailing address and/o principal office address here: | or princi | pal office address, <u>e</u> | nter new n | nailing ad | ldress | and/or |
| New Principal Office Add | ress: | 1306 NW Hoyt St | reet | | | |
| (Must be STREET address) | | Suite 306 | 07000 | | | |
| | | Portland, Oregon | 97209 | | | • |
| New Mailing Address: (May be post office box) | | 1306 NW Hoyt St Suite 306 Portland, Oregon | | SECRETA ALLAHAS | 20 is bei | articles. |
| C. If amending the registered agent and new registered agent and/or the new regist | | | our record | | Þ | e grape |
| Name of New Registered Agent: | Charl | les J. Bartlett | | TATE ORIOA | | |
| New Registered Office Address: | 2033 Main Street, Suite 600 Enter Florida street address | | | | | |
| | | Enter Florida | street addre | 35 | | |
| | <u> </u> | Sarasota | , Florida | 3423 | | |
| | | City | | 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 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:

| <u>Title</u> | Name | Address | Type of Action | |
|--------------|----------------------|--|---------------------|--|
| | Barry Silverstein | 1306 NW Hoyt Street Suite 306 Portland, Oregon 97209 | Add Remove | |
| | Jacob M. Silverstein | 1306 NW Hoyt Street Suite 306 Portland, Oregon 97209 | Add Remove | |
| | | | Add Remove | |
| | | | Add Remove | |
| | | | Remove Add Remove | |
| | | | . — | |

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

| | 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.)

| F. If amending any other info | ormation, enter change | (s) here: (Attach addit | ional sheets, i | f necesso | (יעזג) |
|--|--|-----------------------------|-----------------|------------|--|
| | | | | | ···· |
| | | | | | ************************************** |
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| Market Control of the | | | | | |
| Effective date, if other than the da (Effective date cannot be prior to nor me State.) | ate of filing; ore than 90 days after the t | date this document is file. | d by the Florid | a Departi | ment of |
| Signature(s) of a general partne | er or all general parts | <u>1ers*:</u> | | | |
| (*NOTE: Only one current general part removing a "limited liability limited part when adding or removing a "limited liab | tnership" election statemer | it. Chapter 620, F.S., req | | | |
| 25- | | | | | |
| Jacob M. Silverstein | | | TALL | 2011 | |
| | - | | AH. | 007 | |
| | | | ASSI ASSI | | |
| | | | 10 cm | <u>₩</u> | 171 |
| Signature(s) of all new or dissoc | iating general partne | er(s), if any: | TOUND | \ \\ \? 00 | O |
| Jacob M Silverstein | | | | | |
| | | | | | |
| | | | | | |
| Filing Fee: Certified Copy (optional): Certificate of Status (optional): | \$52.50 \$52.50 \$8.75 | | | | |