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**EXAMINER** 

#### **COVER LETTER**

and Certificate of Status  and Certified Copy Certified Copy, and Certificate of Status  STREET ADDRESS:  Registration Section  Division of Corporations  Clifton Building  And Certified Copy Certified Copy, and Certified Copy, and Certificate of Status  MAILING ADDRESS:  Registration Section  Division of Corporations  Division of Corporations  P. O. Box 6327	<b>TO:</b> Registration S Division of Co					
The enclosed Certificate of Amendment and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to:  Shirley Brunet  Contact Person  The Landon Companies  Firm/Company  21 E Long Lake Road, Suite 100  Address  Bloomfield Hills, MI 48304  City. State and Zip Code  sjbrunet@landoncompanies.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Shirley Brunet  Name of Contact Person  Enclosed is a check for the following amount:  S52.50 Filing Fee  and Certificate of Status  MAILING ADDRESS:  Registration Section  Division of Corporations  Clifton Building  P. O. Box 6327	SUBJECT:	Agripartr	ners Limited Partn	ership		_
Shirley Brunet  Contact Person  The Landon Companies  Firm/Company  21 E Long Lake Road, Suite100  Address  Bloomfield Hills, MI 48304  City, State and Zip Code  sjbrunet@landoncompanies.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Shirley Brunet  Name of Contact Person  Enclosed is a check for the following amount:  S\$252.50 Filing Fee and Certificate of Status  STREET ADDRESS:  Registration Section  Division of Corporations Clifton Building  P. O. Box 6327	Nam	ne of Florida Limited Pa	rtnership or Limited Liabil	ity Limited Partnersh	ıip	
Shirley Brunet  Contact Person  The Landon Companies  Firm/Company  21 E Long Lake Road, Suite100  Address  Bloomfield Hills, MI 48304  City, State and Zip Code  sjbrunet@landoncompanies.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Shirley Brunet  Shirley Brunet  at ( 248 ) 642-0190  Name of Contact Person  Area Code and Daytime Telephone Number  Enclosed is a check for the following amount:  STREET ADDRESS:  Registration Section  Division of Corporations  Clifton Building  P. O. Box 6327	The enclosed Certification	ate of Amendment a	nd fee(s) are submitted	d for filing.		
Contact Person The Landon Companies Firm/Company  21 E Long Lake Road, Suite100  Address  Bloomfield Hills, MI 48304 City, State and Zip Code sjbrunet@landoncompanies.com E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Shirley Brunet Area Code and Daytime Telephone Number  Enclosed is a check for the following amount:  S\$2.50 Filing Fee and Certificate of Status  STREET ADDRESS: Registration Section Division of Corporations Clifton Building  P. O. Box 6327	Please return all corre	spondence concerni	ng this matter to:			
The Landon Companies  Firm/Company  21 E Long Lake Road, Suite100  Address  Bloomfield Hills, MI 48304  City, State and Zip Code  sjbrunet@landoncompanies.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Shirley Brunet  at (248) 642-0190  Name of Contact Person  Area Code and Daytime Telephone Number  Enclosed is a check for the following amount:  S\$252.50 Filing Fee  and Certificate of Status  STREET ADDRESS:  Registration Section  Division of Corporations  Clifton Building  P. O. Box 6327		Shirley Brunet				
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Bloomfield Hills, MI 48304 City, State and Zip Code  sjbrunet@landoncompanies.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Shirley Brunet  Name of Contact Person  Area Code and Daytime Telephone Number  Enclosed is a check for the following amount:  S\$252.50 Filing Fee  and Certificate of Status  STREET ADDRESS:  Registration Section Division of Corporations Clifton Building  P. O. Box 6327		Firm/Company				
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\$52.50 Filing Fee \$61.25 Filing Fee and Certificate of Status  \$105.00 Filing Fee Certified Copy Certified Copy, and Certificate of Status  \$TREET ADDRESS:  Registration Section  Division of Corporations  Clifton Building  \$105.00 Filing Fee S113.75 Filing Fee, Certified Copy, and Certificate of Status  **MAILING ADDRESS:**  Registration Section  Division of Corporations  P. O. Box 6327	Name of Contact	Person	Area Code and Day	time Telephone Nui	mber	-
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2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301			i allahassee,	FL 32314		

### CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

	<u>s Limited Partni</u>		
Insert name currently of	n file with Florida Depa	artment of State	
Pursuant to the provisions of section 620.1202 limited liability limited partnership, whose cer 08/15/2003, assigned adopts the following certificate of amendment	tificate was filed wi Florida document n	th the Florida Department of Sta umber <u>A0300001175</u>	te on
This amendment is submitted to amend the following	g:		
A. If amending name, <u>enter the new name of th</u> <u>here</u> :	e limited partnershi	p or <u>limited liability limited partn</u>	<u>ership</u>
New name must be disting	uishable and contain an	acceptable suffix.	<del></del> _
Acceptable Limited Partnership suffixes: Limited Partne Acceptable Limited Liability Limited Partnership suffixe			
B. If amending mailing address and/or principal office address here:	cipal office addre	SEC 912	
New Principal Office Address: (Must be STREET address)		MAR - 7 ARE INRY ARASSE	Manus and American State of the Control of the Cont
New Mailing Address: (May be post office box)		GF SINE FLORIDA	Special Specia
C. If amending the registered agent and/or reg new registered agent and/or the new registered o		s on our records, <u>enter the name</u>	of the
Name of New Registered Agent:			
New Registered Office Address:	Enter Flo	orida street address	
		, Florida	
	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	Dagiatanad	A	C:	C N I	D ! - 4 1	l A 4
ii Chanoino	REPUISIEREN	AUPHI	NIODALIN	ענייער וחיי	Registrea	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>	Address	Type of Action	
<u>GP</u>	Hastings Street, Inc.	21 East Long Lake Road Suite 100 Bloomfield Hills, MI 48304	Add Remove	
GP	Hastings Street Holdings LLC	3431 Pine Ridge Road Suite 101 Naples, FL 34109	X Add Remove	
			Add Second Remove HAN	inage k
			SSARY -7	-
	·		Add Remove	7 42.0
			Add Remove	
			•	

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

Ш	This Limited Partnership	hereby elects to be a	"Limited Liability	Limited Partnership."
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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.)

ffective date, if other than the date of filing:		
ffective date cannot be prior to nor more than 90 days ate.)	after the date this document is filed by the F	Torida Department of
gnature(s) of a general partner or all gener	ral partners*:	
NOTE: Only one current general partner is required to	o sign this document unless the limited partn	ership is adding or
moving a "limited liability limited partnership" election	n statement. Chapter 620, F.S., requires all g	general partners to sign
nen adding or removing a "ilmited liability limited part	nership" election statement.)	
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1	nership" election statement.)	2011 SEI
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hen adding or removing a "limited liability limited part  See De Oto		2012 Mar - 7 SEGRETAR ) FALL AHASS
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see below	!	
see below	!	max 7
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see below	al partner(s), if any:	YOUR STATE ORIDA
ignature(s) of all new or dissociating genera	al partner(s), if any:  President of Hast	YOUR STATE ORIDA
ignature(s) of all new or dissociating general	President of Hast Inc. dissociat Member of Hasting	STATE STATE ings Street,
See be out	President of Hast Inc. dissociat	ings Street,  Street C new GP/

. . . .