A04000000880

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D. BRUCE
FEB 1 1 2008

EXAMINER

Division of C				
SUBJECT: Up (Na	town Lofts f me of Florida Limited Par	noartments, Literatures of Limited Liabilit	d. ty Limited Partnership)	_
The enclosed Certific	cate of Amendment a	nd fee(s) are submitted	for filing.	
Please return all corr	espondence concerni	ng this matter to:		
Greg Jacoby Epoch Propert 359 Carolina Winter Park	(Contact Person) Fic S (Firm/Company) R AVC (Address) FL J2789 City, State and Zip Code)		SEGRETARY OF STATE FLORIDA	
For further information	_	_	,	Commence - The Commence of the
Greg Vacoby	·	_at (<u>407</u>) 6	29-5004 Paytime Telephone Number)	<u> </u>
(Name of Corlta	ct Person)	(Area Code and D	aytime Telephone Number)	
Enclosed is a check f	or the following amo	unt:		
\$52.50 Filing Fee	\$61.25 Filing Fee and Certificate of Status	\$105.00 Filing Fee and Certified Copy	\$113.75 Filing Fee, Certified Copy, and Certificate of Status	
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		MAILING A Registration Division of O P. O. Box 63 Tallahassee,	Section Corporations 327	·



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 31, 2008

GREG JACOBY EPOCH PROPERTIES, INC. 359 CAROLINA AVE WINTER PARK, FL 32789

SUBJECT: UPTOWN LOFTS AT ALTAMONTE, LTD.

Ref. Number: A0400000880

08 FEB II AM IO: L3
SEGRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for UPTOWN LOFTS AT ALTAMONTE, LTD. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce Regulatory Specialist II

Letter Number: 808A00006650

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

Uptown Lofts at A	altamonk, Ltd
(Insert name currently on f	file with Florida Department of State)
limited liability limited partnership, whose certif	Florida Statutes, this Florida limited partnership or ficate was filed with the Florida Department of State on following certificate of amendment to its certificate of
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the here:	limited partnership or limited liability limited partnership
(New name must be distinguis	hable and contain an acceptable suffix.)
Acceptable Limited Partnership suffixes: Limited Partners Acceptable Limited Liability Limited Partnership suffixes: B. If amending the registered agent and/or regist new registered agent and/or the new registered offi	Limited Liability Limited Partnership, L.L.L.P. or LLLP. tered office address on our records, enter the name of the
	j La portion de la portion d
Name of New Registered Agent:	SEGR F
New Registered Office Address:	(Enter Florida street address)
	Florida
	(City) (Zip Code Zip
New Registered Agent's Signature, if changing	g Registered Agent:
	nt and agree to act in this capacity. I further agree to o the proper and complete performance of my duties, and I position as registered agent.

(If Changing Registered Agent, Signature of New Registered Agent)

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
	EPI Ustown Lo	fts Development	☐ Add
		fts Development 359 Caplina Ave Winter Park, FL	32.787 Remove
		·	Add
			Remove
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			Remove
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			AHA:
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			Remove
limited partner This Limite This Limite	rship" status, enter changed Partnership hereby elected Partnership hereby remo	s to be a "Limited Liability Limited loves its "Limited Liability Limited l	l Partnership." Partnership" status.
	g or removing timited Habitity	limited partnership" status, all general	
	any athon inform = 41	er enangeist nere: Tallach additiona	O PROPER IT MACAGEMENT
	any other information, ente	,	• • • •
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Effective date, if other than the da (Effective date cannot be prior to nor mo State.)	te of filing ere than 90 d	3: lays after the dat	e this document is filed by	the Florida Department of
Signature(s) of a general partne (*NOTE: Only one current general partneremoving a "limited liability limited partneremoving a "limited liability limited l	ner is require nership" elec	ed to sign this do	ocument unless the limited Chapter 620, F.S., requires	
- Psy		, ·		
Signature(s) of all new or dissoc	iating gen	eral partner((s), if any:	
			,	
Filing Fee: Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$52.50 \$8.75			OB FEB II AM 10: L3 SEGRETARY OF STATE TALLAHASSEE, FLORIDA