Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : SAXON GILMORE & CARRAWAY, P.A. Account Number : I20180000023 Phone : (813)314-4551 Fax Number : (813)314-4555 ÆH 9: **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. Email Address:_____FLCORP@SAXONGILMORE.COM 20LP/LLLP AMENDMENT/RESTATEMENT/CORRECTION GULF BREEZE APARTMENTS PARTNERS, LTD. Certificate of Status 1 Certified Copy 03 Page Count

Electronic Filing Menu

Estimated Charge

Corporate Filing Menu

\$105.00

MOA - 2 SOS4

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CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

		OF			
GULF BREEZE APARTMENTS P.	ARTNERS	S, LTD.			
		ile with Florida Depart	ment of State		-
ntlopts the following certificate of among This amondment is submitted to amond the following certificate of amond the following certificate of amondment is submitted to amond the following certificate of among the following c	ose certif igned Flo dment to ollowing:	icate was filed with orida document nur its certificate of lin	n the Florida Depar nber <u>A05000000072</u> nited partnership.	tment of S	State on Alt
A. If amending name, enter the new nam	e of the	limited partnership	or Umited Hability	linīlied <u>.</u> na	rimership
<u>hero</u> :				LAE	Ξ
New name must be	distinguisi	hable and contain an ac	sceptable suffix,		
Acceptable Limited Liability Limited Partnership B. If amending mailing address and/o principal office address here: New Principal Office Add (Must be STREET address)	r princi		entor now mailin		
New Mailing Address:		340 Gulf Breeze Av	cnu c		
(Muy be post office box)		Punia Gorda, FL 33			
C. If amouding the registered agent and/or registered agent and/or the new registered			our records, <u>enter l</u>	he nante o	(the new
Name of New Registered Agent:	Bernic	e S. Saxon, Esq.			
Now Registered Office Address:	201 E.	Kennedy Blvd., Suite Enter Flori	600 da street address		
	Tempa		Florida 33602		
		City	ZIp C	Code	

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New Rogistered 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
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:

Title	Name	Address	Type of Action
<u>GP</u>	Norstar Gulf Breeze, Inc.	7077 Keele Street Concord ON L4K 0B6 CA	_ □ Add _ □ Remove
			□ Add □ Remove
			_
			☐ Add ☐ Remove
			_ □ Add □ 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 horeby 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.)

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P. If amending any other inf	ormation, enter	change(s) ho	ro: (Attach additi	onal sheets, if necessary.)
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Effective date, if other than the de (Effective date cannot be prior to nor m	ate of filing:	Der the date th	ds document is filed	by the Florida Denorment of
Sinte.) Note: If the date inserted in this block d be listed as the document's effective dat	oes not meet the ep	ppiloabie statut	ory filing requireme	
34 100 34 100 34 100 3				
Signature(s) of a general partne	er or all genera	nartners"	i	
(*NOTE: Only one current general par removing a "limited liability limited par when adding or removing a "limited liab	incrahip" cleotion s	statement, Chr	apter 620, F.S., requ	
Guif Breeze Apartments Pariners, I a Florida limited liability company	LC,			
AN				
Kurlis Pentelecuc, Executive Dir	octor of			
Managing Member				
	· 			
Signature(s) of all new or dissoc	iating general	partner(s).	if any:	
Norstar Gulf Brgeze, Inc.,		-	-	
a Florida Corporation		le a cape		
1/10/12/2				
Nell Brown, Chairman				· · · · · · · · · · · · · · · · · · ·
·.			· · · · · · · · · · · · · · · · · · ·	
Filing Fee: Certified Copy (optional):	\$52.50 \$52.50			
Certificate of Status (optional):	\$8.75			