A05000000827

(Requ	estor's Name)	
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(City/S	State/Zip/Phone	e #)
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D. SCOTT OCT 2 4 2017

COVER LETTER

TO: Registration Division of	n Section Corporations				
SUBJECT: CRF II	1, 1.td.				
	Name of Florida Limited Par	tnership or Limited Liab	ility Limited Partne	ership	
The enclosed Certi	ficate of Amendment a	nd fee(s) are submitte	ed for filing.		
Please return all co	orrespondence concerni	ng this matter to:			
Benjamin D. Falk					
	Contact Person				
CRF III, Ltd.					
	Firm/Company				
500 S Florida Avenue	Suite 700				1
	Address	<u> </u>			
Lakeland, FL 33801					
	City, State and Zip Code				
bfalk@centurycompa	inies.net				
E-mail address: (to be used for future annual	report notification)	7	2011	prame orl (• •
For further inform	ation concerning this m	atter, please call:	:) 	جه مهم ده من ه
Benjamin D. Falk		863	47-1581	دن	• .
Name of Cor	ntact Person	at () Area Code and D	Daytime Telephoné	Number_	 · .
Enclosed is a chec	k for the following amo	ount:		19 19	
\$52.50 Filing Fee	□\$61.25 Filing Fee and Certificate of Status	☐\$105.00 Filing Fee and Certified Copy	e \$113.75 F Certified Cop Certificate of	oy, and	
STREET ADDRI Registration Section Division of Corporation Building 2661 Executive Control Executive Control	on rations enter Circle	Registration of P. O. Box	G ADDRESS: on Section of Corporations 6327 ee, FL 32314		

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

CRF III, Ltd.			
Insert name currently on	file with Florida Depa	rtment of State	
Pursuant to the provisions of section 620.1202, limited liability limited partnership, whose cert CRF III, Ltd, assigned Fadopts the following certificate of amendment	ificate was filed with lorida document nu	th the Florida Department A05000000823	•
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 limited liability !	limited partnership
New name must be distingu	ishable and contain an	acceptable suffix.	
Acceptable Limited Partnership suffixes: Limited Partne Acceptable Limited Liability Limited Partnership suffixe B. If amending mailing address and/or prin principal office address here:	s: Limited Liability Lim	ited Partnership, L.L.L.	
New Principal Office Address: (Must be STREET address)			57
New Mailing Address: (May be post office box)			77
		· · · · · · · · · · · · · · · · · · ·	
C. If amending the registered agent and/or reginew registered agent and/or the new registered of		s on our records, <u>ent</u>	er the name 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 t
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>	<u>Name</u>	Address	Type of Action
GP	Century Properties MHP, LLC	500 S Florida Avenue Suite 700 Lakeland, FL 33801	_
GP	Century Properties, LLC	500 S Florida Avenue Suite 700 Lakeland, FL 33801	_ 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	s Limited 1	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.)

Effective date, if other than the date of filing:	lad by the Floride Departmen	
State.) Note: If the date inserted in this block does not meet the applicable statutory filing requir		ni o
be listed as the document's effective date on the Department of State's records.	ements, this date with not	
	1	
Signature(s) of a general partner or all general partners*:	1	
VW/Dagas = CV + VV		
Benjamin D. Falk, VCFO of Century Properties MHP, LLC		_ _
Benjamin D. Falk, VCFO of Century Properties MHP, LLC		
Benjamin D. Falk, VCFO of Century Properties MHP, LLC Signature(s) of all new or dissociating general partner(s), if any:		
Benjamin D. Falk, VCFO of Century Properties MHP, LLC		
Benjamin D. Falk, VCFO of Century Properties MHP, LLC Signature(s) of all new or dissociating general partner(s), if any:	· · · · · · · · · · · · · · · · · · ·	
Benjamin D. Falk, VCFO of Century Properties MHP, LLC Signature(s) of all new or dissociating general partner(s), if any: Benjamin D. Falk, VCFO of		
Benjamin D. Falk. VCFO of Century Properties MHP, LLC Signature(s) of all new or dissociating general partner(s), if any:	: > =	
Benjamin D. Falk, VCFO of Century Properties MHP, LLC Signature(s) of all new or dissociating general partner(s), if any: Benjamin D. Falk, VCFO of	: > =	
Benjamin D. Falk, VCFO of Century Properties MHP, LLC Signature(s) of all new or dissociating general partner(s), if any: Benjamin D. Falk, VCFO of	: > =	