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•	. COVE	ER LETTER		
	Corporations	•	•	
SUBJECT: Laurel C	Daks Limited Partnership			
N	ame of Florida Limited Par	rtnership or Limited Liabilit	y Limited Partnership	
The enclosed Certif	icate of Amendment a	nd fee(s) are submitted	for fiting.	
Please return all cor	respondence concerni	ng this matter to:		
Debra S. Fleming, Pres	ident of General Partner			
	Contact Person			
Affordable Housing So	lutions for Florida, Inc.			
	Firm/Company			
PO Box 2659				
	Address			
Land O Lakes, FL 3461	39			
	City, State and Zip Code			
president@ahsf.org				
E-mail address: (to	be used for future annual	report notification)		
For further information	tion concerning this m	atter, please call:		
Debra Fleming		at () 956	4296	
Name of Cont	act Person		time Telephone Number	
Enclosed is a check	for the following amo	ount:		
S52.50 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	
Mailing Address:	ailing Address: Street Ad		ess:	
Registration Section		Registration Section		
Division of Corporations		Division of Corporations		
P.O. Box 6327		The Centre of Tallahassee		
Tallahassee, FL 323	14		roe Street, Suite 810	
		Tallahassee,	FL 32303	

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF



Laurel Oaks Limited Partnership			
Insert name cur	rently on fil	e with Florida De	epartment of State
Pursuant to the provisions of section 620 limited liability limited partnership, who /2/30/2069, assadopts the following certificate of amen	ose certific igned Flor	cate was filed rida document	with the Florida Department of State on number A05000000894
		ns certificate (n mineu parmersinp.
This amendment is submitted to amend the f	ollowing:		
A. If amending name, enter the new name here:	ae of the li	mited partners	ship or limited liability limited partnership
New name must be	distinguish	able and contain	an acceptable suffix.
Acceptable Limited Partnership suffixes; Limite Acceptable Limited Liability Limited Partnershi			
B. If amending mailing address and/oprincipal office address here:	o r princ iç	oal office add	ress, enter new mailing address and/or
New Principal Office Add	lress:		akes Blvd. #305
(Must be STREET address)		Land O' Lakes.	FL 34638
New Mailing Address:		PO Box 2659	
(May be post office box)		Land O Lakes, FL 34639	
C. If amending the registered agent and/o registered agent and/or the new registered			s on our records, <u>enter the name of the new</u>
Name of New Registered Agent:	Debra S	S Fleming	
New Registered Office Address:	7842 L:	and O Lakes Blve Enter	å #305 Florida street address
	Land O		
	Land O	City	, Florida <u>34638</u> Zin 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.

hanging Registered Agent, Signature of New Register

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>	<u>Address</u>	Type of Action
GP	Affordable Housing Solutions for	7842 Land O Lakes Blvd. #305 Land O' Lakes, FL 34638	Add X UPDATE ADDRESS
	 -		_ 0
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			Add Remove
		-	☐ Add ☐ Remove
	ed partnership or limited liability ship" status, enter change here:	y limited partnership is ame	ading its "limited liability
☐ This Limi	ited Partnership hereby elects to be	a "Limited Liability Limited P	'artnership."
□ This Limi	ited Partnership hereby removes its	s "Limited Liability Limited Pa	rtnership" 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:	
(Effective date cannot be prior to nor more than 90 days after	r the date this document is filed by the Florida Department o
State.) Note: If the date inserted in this block does not meet the appl	icable statutory filing requirements, this date will not
be listed as the document's effective date on the Department	of State's records.
Signature(s) of a general partner or all general I	partners*:
(*NOTE: Only one current general partner is required to sig removing a "limited liability limited partnership" election sta when adding or removing a "limited liability limited partners	tement. Chapter 620, F.S., requires all general partners to sig
which adding of removing a minicul materialy minicul parties	inp election subcincial,
TO COLO	
· · · · · · · · · · · · · · · · · · ·	
Signature(s) of all new or dissociating general pa	arther(s), if any:
Filing Fee: \$52.50	
Certified Copy (optional): \$52.50	
Certificate of Status (optional): \$8.75	