A050000/511

| (Re | equestor's Name) | |
|-------------------------|-------------------|-------------|
| (Ad | ldress) | |
| (Ad | idress) | |
| . (Cit | ty/State/Zip/Phon | e #) |
| PICK-UP | WAIT | MAIL |
| (Bu | siness Entity Nar | ne) |
| (Do | ocument Number) | |
| ertified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |
| | | |

Office Use Only



100176990901

04/22/10--01038--022 **52.50

FILED

10 APR 22 PM 2: 31

STORE TARY OF STATE
TALLAHASSEE, FLORING

D. BRUCE

APR 2 3 2010

EXAMINER

COVER LETTER

| TO: | Registration Section Division of Corporations | | | | |
|----------------|---|---|--|----------------|---|
| SUBJ | Name of Florida Limited | orth Avenue Partne Partnership or Limited Liabil | ership, Ltd. ity Limited Partnership | | |
| The en | nclosed Certificate of Amendmen | t and fee(s) are submitted | d for filing. | | |
| Please | e return all correspondence concer | ning this matter to: | | | |
| | Carol Bartels | | | | |
| | Contact Person | | | | |
| | The Goodman Comp | any | | | |
| | Firm/Company | | | | |
| | 777 S. Flagler Drive, Sui | te 1101 | | | |
| 4 | Address | | Li- Ca | 5 | |
| | West Palm Beach, FL | 33401 | CAH. | 0 APR 22 PM 2: | |
| | City, State and Zip Code | | ASS | 22 | |
| | cbartels@thegoodmancom | panv.com | m Enco | -D | 1 |
| E- | mail address: (to be used for future annu | , , | 77 S | ⊒K | |
| | | | ORI ORI | ယ | • |
| For fu | rther information concerning this | matter, please call: | a A | <u></u> | |
| | Carol Bartels | at (561) | 833-3777 | | |
| | Name of Contact Person | / | ytime Telephone Number | | |
| Enclos | sed is a check for the following an | nount: | | | |
| √ \$52. | 50 Filing Fee S61.25 Filing Fee and Certificate of Status | \$105.00 Filing Fee and Certified Copy | \$113.75 Filing Fee, Certified Copy, and Certificate of Status | | |
| | ET ADDRESS: ration Section | MAILING Registration | ADDRESS: Section | | |
| Divisio | on of Corporations | Division of | Corporations | | |
| | n Building | P. O. Box 63 | | | |
| 2001 b | Executive Center Circle | Tallahassee. | H. 32314 | | |

Tallahassee, FL 32301

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

| Second V Insert name cur | | | | | | _ |
|---|-------------------------------|--------------------------------|----------------------------------|----------------------|------------------------------------|-------------------|
| Pursuant to the provisions of section 62 limited liability limited partnership, who July 29, 2005, assadopts the following certificate of americans | ose certific signed Flor | ate was fil ida docum | led with the | e Florida er/ | Department of A05000015 | State on |
| This amendment is submitted to amend the | following: | | | | | |
| A. If amending name, enter the new nar here: | ne of the li | mited part | nership or | limited lia | bility limited p | <u>artnership</u> |
| New name must be | distinguish | able and cont | tain an accep | table suffix | | |
| Acceptable Limited Partnership suffixes: Limite Acceptable Limited Liability Limited Partnership | d Partnersh ip suffixes: L | ip, Limited, I imited Liabi | L.P., LP. or L lity Limited I | .td. Partnership, | , L.L.L.P. or LLL | P. |
| B. If amending mailing address and/ principal office address here: | or princip | al office a | ddress, <u>en</u> | <u>ter</u> new r | mailing addre | ss and/or |
| New Principal Office Add (Must be STREET address) | <u>lress:</u> | | | | 10 A | |
| New Mailing Address: (May be post office box) | | | | | PR22 PH ETARY OF S HASSEE FL | |
| C. If amending the registered agent and new registered agent and/or the new regis | /or register | red office a | ddress on | our record | CRIDA ds, enter the na | ume of the |
| | | | - | | | |
| Name of New Registered Agent: | Lawre | nce A. Sil | vestri | | | _ |
| New Registered Office Address: | | Ent | ter Florida s | street addr | ess | • |
| | | | | , Florida | | |
| | | City | | , 1 .0.104 | 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 Registered Agent, Signature of New Registered Agent

| <u>Title</u> | <u>Name</u> | | on next page | Type of Action |
|--------------|---------------------------|----------------|---|-----------------------|
| | North Worth | | 777 South Flagler Drive West Palm Beach, FL 33401 | Add Remove |
| | North Worth A DELAWARE | | 777 South Flagler Drive West Palm Beach, FL 33401 | |
| | M0500ù |)VOY497 | | O APROZ |
| | | | | |
| | | | | — ☐ Add — ☐ Remove |
| | | | | Add Remove |
| the limite | ed nartnershin or | limited liabil | ity limited partnership is amer | |
| | ship" status, enter | | | iding its innited ha |
| This Lim | ited Partnership he | reby elects to | be a "Limited Liability Limited P | artnership." |

| * F. If amending any other information, enter | change(s) | here: (Attach add | ditional sheets, if n | iecessa | ıry.) |
|--|----------------|--|---|---------------------|----------------------------|
| Please Delete Document No. L9800000130 | 03 North | n Worth, LLC | | | |
| Please Add Document No. M05000004497 | North V | Worth, LLC | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Effective date, if other than the date of filing: | | | | | |
| (Effective date cannot be prior to nor more than 90 days a State.) | after the date | this document is f | iled by the Florida I | Departi | nent of |
| Signature(s) of a general partner or all genera | al partner | <u>'s*:</u> | | | |
| (*NOTE: Only one current general partner is required to removing a "limited liability limited partnership" election when adding or removing a "limited liability limited partnership". | statement. | Chapter 620, F.S., 1 | imited partnership i equires all general | s addin partner: | g or s to sign |
| North Worth, LLC, general partner | | | | | |
| By: Goodman Properties, Inc., its mana | ager _ | | | | |
| Nelphie Shick | _ | | | | |
| Melodie S. Shipton, Treasurer | _ | | | | |
| | _ | · · <u>-</u> | | | |
| | - | | | <u> </u> | #RANGE MANUAL |
| Signature(s) of all new or dissociating general | l partner(s | s), if any: | HAS AS | % % | ्ते <u>।</u> चेत्रुष्ट् |
| North Worth, LLC, general partner | - | | SEE. | N | |
| By: Goodman Properties, Inc., its mana | ager | | | H | |
| Miladie Shirk | _ | | DRAFE | <u>က</u> မ | |
| Melodie S. Shipton, Treasurer | _ | - | | | |
| | - | ······································ | | | |
| | _ | | | | |
| Filing Fee: \$52.50 Certified Copy (optional): \$52.50 Certificate of Status (optional): \$8.75 | | | | | |