# A05954

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B. BOSTICK

JAN - 8 7013

EXAMINES



ACCOUNT NO. : I2000000195

REFERENCE: 951604 7495468

AUTHORIZATION :

COST LIMIT : \$ 52.50

ORDER DATE: January 7, 2014

ORDER TIME : 12:03 PM

ORDER NO. : 951604-040

CUSTOMER NO: 7495468

#### DOMESTIC AMENDMENT FILING

NAME: TURKSCAP APARTMENTS, LTD.

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT	<b>≥</b> .	
RESTATED ARTICLES OF INCORPORATION	<b>~</b> .	
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:	ks	
CERTIFIED COPY  XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING	1460) 1460) 1460)	٠ د
	· N	3

CONTACT PERSON: Susie Knight -- EXT# 52956

EXAMINER'S INITIALS:

## **COVER LETTER**

TO:	Registration Division of	Section Corporations			
crini		•	Furkagon Aportmonto I td		
SOBI	ECT:		Furkscap Apartments, Ltd. artnership or Limited Liabili	ty Limited Partnership	—
The e	nclosed Certif	ficate of Amendment a	and fee(s) are submitted	for filing.	
Please	e return all co	rrespondence concern	ing this matter to:		
		Ann Marie Pozzini			
		Contact Person			
	Arbo	r Commercial Mortgage, I	LLC		
		Firm/Company			
	333 H	Barle Ovington Blvd., Suit	e 900		
	,	Address	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<b>3</b>	2
		Uniondale, NY 11553		75 m	<u></u>
		City, State and Zip Code		2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
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E.	-mail address (t	rweiss@elonmgmt.com o be used for future annua	l report notification)	ر بن ا	201
	man address, (t	o oo assa io, latare amiaa	ir (eport nourieation)	 	= = = = = = = = = = = = = = = = = = =
For fu	rther informa	tion concerning this n	natter, please call:		新加22
<u> </u>	Ann N	łarie Pozzini	at (516)	506-4420	
• •	Name of Cont	tact Person	Area Code and Day	time Telephone Number	
Enclo	sed is a check	for the following amo	ount:		
<b>∑</b> \$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	
STRE	EET ADDRE	SS:	MAILING	ADDRESS:	
	tration Section		Registration		
	ion of Corpora	ations		Corporations	
	n Building	ntor Cirolo	P. O. Box 63		
	Executive Cer nassee, FL 32		Tallahassee,	FL 32314	

#### CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

Turksca	p Apartments, Ltd.		
Insert name currently on t	file with Florida De	partment of State	<del></del>
Pursuant to the provisions of section 620.1202, I limited liability limited partnership, whose certificate of amendment to	ficate was filed vorida document	vith the Florida Department on number	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the here:	limited partners	nip or limited liability limited	partnership
New name must be distinguis	shable and contain a	n acceptable suffix.	
Acceptable Limited Partnership suffixes: Limited Partners Acceptable Limited Liability Limited Partnership suffixes: B. If amending mailing address and/or princ	Limited Liability L	imited Partnership, L.L.L.P. or LL	
principal office address here:			
New Principal Office Address: (Must be STREET address)			
New Mailing Address: (May be post office box)		** *** ***	
			- 語 - 夢 - 8
C. If amending the registered agent and/or regis new registered agent and/or the new registered off		ess on our records, enter the	name of the
Name of New Registered Agent:			
New Registered Office Address:	Enter I	Tlorida 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 I
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 gen	eral partner(s).	, enter the name	and business	address of	each general	partner	being
ado	led or removed from	our records:						

<u>Title</u>	Name	Address	Type of Action
<u>GP</u>	AL Central Jersey GP, LLC	501 Chestnut Ridge Road Chestnut Ridge, NY 10977	Add Remove
GP	Empirian Lexford GP New 3 LLC	590 W Kennedy Blvd. 2nd Floor Lakewood, NJ 08701	Add Remove
<del> </del>			Add Remove
			Add Remove
<del></del> :			Add
			Add Remove
	artnership or limited liability o" status, enter change here:	limited partnership is amend	- ding its "limited liability
This Limited	Partnership hereby elects to be	a "Limited Liability Limited Pa	rtnership."
This Limited	Partnership hereby removes its	"Limited Liability Limited Par	tnership" status.

(NOTE: If adding or removing" limited liability limited partnership" status, all general partners must sign this amendment.)

F. If amending any other information, enter change(s)	, nere, (zinaci, audino, ar circois,	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	~ ) •/
	And the second s		
		<del></del>	
ffective date, if other than the date of filing:			
Effective date, it other than the date of fiffig	te this document is filed by the Florid	la Depari	ment of
Signature(s) of a general partner or all general partne	ers*:		
	<del></del> -	in is addi	na ar
*NOTE: Only one current general partner is required to sign this demoving a "limited liability limited partnership" election statement.	Chapter 620, F.S., requires all gene	ral partne	ng or rs to sig
when adding or removing a "limited liability limited partnership" ele	ection statement.)		
By: AL Central Jersey GP, LLC		··· <del>·</del>	
		5₹.	26
Ana Manetosani			ي چي
Ann Marie Pozzini		21- 22 421-	1
Authorized Signatory		- <u> </u>	
Signature(s) of all new or dissociating general partner	r(s), if any:	7	<b>P</b> 0
		7	(S)
By: Empirian Lexford GP New 3 LLC	By: AL Central Jersey GP, LLC		<del></del>
-7F			
			<del></del>
any Curr	Ann Marie Pago	rii `	
Amy Capteras	Ann Marie Pozzini	giù	
Amy Carreras	Ann Marie Pozzini  Authorized Signatory	çii`	
<del></del>		ýii`	