Electronic Filing Cover Sheet Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000398522 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

Prom:

Account Name : STEARNS WEAVER MILLER WEISSLER ALHADEFF & SITTERSON

Account Number : 120060000135 : (305)789-3200 Phone : (305)789-4137 Pax Number

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: rlopez@apcommunities.com

LP/LLLP AMENDMENT/RESTATEMENT/CORRECTION SEA GRAPE APARTMENTS, LTD.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$105.00

Electronic Filing Menu

Corporate Filing Menu

Help

NUV 1 ----

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

Insert name currently on f	ile with Florida Department o	f State
Pursuant to the provisions of section 620.1202, I limited liability limited partnership, whose certif 3/25/2020, assigned Fl adopts the following certificate of amendment to	ticate was filed with the foundation or its propertion of the file	A06000000148,
adopts the following certificate of amendment to	Tid Collins	,
This amendment is submitted to amend the following	:	
A. If amending name, enter the new name of the here:	limited partnership or lin	nited Hability limited partnership
New name must be distingui	shable and contain an accepta	ble suffix.
Acceptable Limited Partnership suffixes: Limited Partner Acceptable Limited Liability Limited Partnership suffixes B. If amending mailing address and/or principal office address here:	: Limited Liability Limited Pa	er new mailing address and/or
New Principal Office Address: (Must be STREET address)	Miami Fl 33136	>
(Must be STREET dualess)		فغ بيني
New Mailing Address: (May be post office box)	8609 S Dixie Highway Pinecrest F133156	V V V V V V V V V V V V V V V V V V V
C. If amending the registered agent and/or registered agent and/or the new registered office a	ered office address on our address here:	records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida s	treet address
		_, Florida
· 	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered age comply with the provisions of all statutes relative am familiar with and accept the obligations of my	ent and agree to act in this capacity. I further agree to to the proper and complete performance of my duties, and I position as registered agent.
	If Changing Registered Agent, Signature of New Registered Agent
D. If amending the general partner(s), enter the added or removed from our records:	name and business address of each general partner being

Type of Action <u>Address</u> Title Name □ Add 301 S. College Street GP G.C. Leasing, Inc Charlotte, NC 28288 Remove ■ Add 1025 Kane Concourse Ste 215 APCHD MM II) Inc GP Bay Harbor Island, Fl 33154 ☐ 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 hereby elects to be a "Limited Liability Limited Part	nership."
--	--	-----------

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.)

F. If amending any ot	her informatio	n, enter change	s) here: (Atto	ich additional :	heets, if necessary.
			· · · · · · · · · · · · · · · · · · ·		
		-	: .		
	<u> </u>	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u> </u>		
			." •	<u> </u>	
ffective date, if other the	in the date of f	filmg: <u>9/15/2</u> 020 .	7		to Florida Denorime
ffective date cannot be prior	10 nor more trun	1 an omes river me.	date this docur	nent is filed by s	in Literatu Debarine
ain) ote: If the date inserted in thi listed as the document's effi	s block does not ective date on the	meet the applicable Department of St	e statutory filir ate's records.	ng requirements.	this date will not
1 (** 10 %)					
• • • • • • • • • • • • • • • • • • • •					
ignature(s) of a genera	l partner or s	all general part	ners*:		
NOTE: Only one current growing a "fimited frability li	· ·			less the limited	nertnership is adding
CHD MM II Inc KU	Sauthoriza	French			
	<u></u>			<u> </u>	
			·		
			· · · · · · · · · · · · · · · · · · · 		· · ·
	<u> </u>		<u> </u>	`	
Signature(s) of all new	or dissociation	ig general part	ner(s), if an	Y	
JIPINE CONTRACTOR					
APCHD MM II Inc. (purme	2015 miles		· · · · · · · · · · · · · · · · · · ·	
7			· · · · · · · · · · · · · · · · · · ·		
G.C. Leasing, Inc.			. 		
			· · · · ·	 <u></u>	
		 :			
<u> </u>					,
Filing Fee:		52.50			
Certified Copy (option		52.50	•		
Certificate of Status (ibrionar); 💛 🖟	\$8.75		; .	