

Florida Department of State
Division of Corporations
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.

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To: Division of Corporations
Fax Number : (850) 617-6383

RE-SUBMIT

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

Please attach original filing
date of submission 5/22

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

Email Address: _____

LP/LLLP AMENDMENT/RESTATEMENT/CORRECTION
HOUSING ASSISTANCE OF SEBRING, LTD.

Certificate of Status	0
Certified Copy	1
Page Count	05/6
Estimated Charge	\$105.00

FILED
14 MAY 22 PM 4:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

14 MAY 28 PM 2:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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14 MAY 30 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Housing Assistance of Sebring, Ltd.
Name of Florida Limited Partnership or Limited Liability Limited Partnership

The enclosed Certificate of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Russell W. Fleming
Contact Person
American Apartment Management Company, Inc.
Firm/Company
708 South Gay Street, Suite 200
Address
Knoxville, Tennessee 37902
City, State and Zip Code
rfleming@aamci.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Deedra A. Burroughs at (865) 525-7500 x229
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$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

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

850-617-6381

5/23/2014 2:08:11 PM PAGE 1/001 Fax Server



May 23, 2014

FLORIDA DEPARTMENT OF STATE

Division of Corporations

HOUSING ASSISTANCE OF SEBRING, LTD.

C/O AAMCI

708 SOUTH GAY STREET STE 200

KNOXVILLE, TN 37902

SUBJECT: HOUSING ASSISTANCE OF SEBRING, LTD.

REF: A06327

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document must be signed by the dissociating general partner unless the document states the general partner is deceased or a guardian or general conservator has been appointed or the general partner previously filed a Statement of Dissociation with the Florida Department of State.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tim Burch
Regulatory Specialist II

FAX Aud. #: H14000121747
Letter Number: 814A00011268

RE-SUBMIT

Please retain original filing
date of submission 5/22

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14 MAY 28 PM 2:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CERTIFICATE OF AMENDMENT
TO
CERTIFICATE OF LIMITED PARTNERSHIP
OF**

Housing Assistance of Sebring, Ltd.

Insert name currently on file with Florida Department of State

FILED
14 MAY 22 PM 4:15
TALLAHASSEE FLORIDA
SECRETARY OF STATE

Pursuant to the provisions of section 620.1202, Florida Statutes, this Florida limited partnership or limited liability limited partnership, whose certificate was filed with the Florida Department of State on February 20, 1978, assigned Florida document number A06327, adopts the following certificate of amendment to its certificate of limited partnership.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited partnership or limited liability limited partnership here:

New name must be distinguishable and contain an acceptable suffix.

Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.

Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.

B. If amending mailing address and/or principal office address, enter new mailing address and/or principal office address here:

New Principal Office Address:
(Must be STREET address)

Condav Corporation

New Mailing Address:
(May be post office box)

c/o AAMCI
708 South Gay Street, Suite 200
Knoxville, Tennessee 37902

C. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Capitol Corporate Services, Inc.

New Registered Office Address:

155 Office Plaza Drive, Suite A

Enter Florida street address

Tallahassee, Florida 32301

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.

Russell Fleming

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>	<u>Address</u>	<u>Type of Action</u>
	<u>AAMCI Corporation</u>	<u>708 South Gay Street</u> <u>Suite 200</u> <u>Knoxville, TN 37902</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
	<u>The National Housing Partnership</u>	<u>1133 15th Street, NW</u> <u>Washington, DC 20005</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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 Partnership."
- ☐ 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 other information, enter change(s) here: *(Attach additional sheets, if necessary.)*


Condev Corporation is remaining as current general partner but has changed its name to AAMCI Corporation.

Effective date, if other than the date of filing: _____

(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

Signature(s) of a general partner or all general partners*:

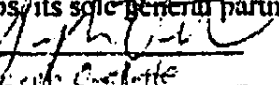
(*NOTE: Only one current general partner is required to sign this document unless the limited partnership is adding or removing a "limited liability limited partnership" election statement. Chapter 620, F.S., requires all general partners to sign when adding or removing a "limited liability limited partnership" election statement.)


AAMCI Corporation (f/k/a Condev Corporation)
By: Russell W. Fleming, President

Signature(s) of all new or dissociating general partner(s), if any:

THE NATIONAL HOUSING
PARTNERSHIP

By: National Corporation for Housing
Partnerships, its sole general partner

By: 
Name: Joseph A. Carlotta

Filing Fee: \$52.50
Certified Copy (optional): \$52.50
Certificate of Status (optional): \$8.75