(Requestor's Name)
(Nequesions Name)
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(-1.5, -1.11.1-1, 1.11.1-1.5)
PICK-UP WAIT MAIL
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(Business Entity Name)
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(Document Number)
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J. SAULSBERRY EXAMINER

NOV 1 8 2011

## COVER LETTER

TO: Registration Division of	n Section Corporations			
SUBJECT:N		Groves Apartment artnership or Limited Liabili		<del>Mg. (r. ,n n n.</del>
The enclosed Certif	ficate of Amendment	and fee(s) are submitted	for filing.	
Please return all co.	rrespondence concern	ing this matter to:		
	John F. McMullan			
	Contact Person	***	=	2011 NOV 17 AM 9: 49 SEGRETARY OF STATE TALLAHASSEE, FLORID
	Firm/Company			第二
F	Post Office Box 8779	e		SE -
	Address			17 AH
At	lanta, Ga. 31106-07	79		SE 9:
	City, State and Zip Code			5
johnf	mcmullan@belisout	h.net		-
	o be used for future annua			
For further informa	tion concerning this n	natter, please call:		
John F	. McMullan	at (404)	873-1919	
Name of Cont	act Person	Area Code and Day	time Telephone Number	er
Enclosed is a check	for the following am	ount:		
\$52.50 Filing Fee	\$61.25 Filing Fee and Certificate of Status	\$105.00 Filing Fee and Certified Copy	\$113.75 Filing Fe Certified Copy, and Certificate of Status	•
STREET ADDRE	SS:	MAILING.	ADDRESS:	
Registration Section		Registration		•
Division of Corpora	ations	Division of C		
Clifton Building 2661 Executive Cer	nter Circle	P. O. Box 63 Tallahassee,		
Tallahassee, FL 32		* *************************************		

## CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

Baidwin Gr	oves Apartme	nts, LTD	
Insert name currently	on file with Florida D	epartment of State	
Pursuant to the provisions of section 620.120 limited liability limited partnership, whose ce March 2, 1978, assigned adopts the following certificate of amendmen	rtificate was filed Florida documen	with the Florida Department of number	of State on
This amendment is submitted to amend the following			
A. If amending name, enter the new name of there:	he limited partner	ship or limited liability limited	partnership
New name must be disting	guishable and contain	an acceptable suffix.	
Acceptable Limited Partnership suffixes: Limited Parts Acceptable Limited Liability Limited Partnership suffic	nership, Limited, L.P. ces: Limited Liability	, LP, or Ltd. Limited Partnership, L.L.L.P. or LL	LP.
B. If amending mailing address and/or principal office address here:	ncipal office add	ress, enter new mailing addr	<b>=</b>
New Principal Office Address: (Must be STREET address)		AHASSSEE	NOV T
New Mailing Address: (May be post office box)		FLORID	64 :6 WW
C. If amending the registered agent and/or re new registered agent and/or the new registered of			
Name of New Registered Agent:			
New Registered Office Address:	Enter	Florida street address	
<del></del>		, Florida	<del></del>
	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  $i\delta$ 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 general partner(s), enter the name and business address of each general partner being added or removed from our records:

	<u>Title</u>	Name	Address	Type of Action
4	MGRM	John F. McMullan	Post Office Box 8779 Atlanta, Ga. 31106-0779	Add Remove
		Baldwin Groves		Add Remove
	MGRM	Apartments GP, LLC	Post Office Box 8779 Atlanta, Ga. 31106-0779	
				_ Add _ Remove
				Add Remove
				_
		partnership or limited liability p" status, enter change here:	y limited partnership is amen	ding its "limited liability
	This Limited	Partnership hereby elects to be	a "Limited Liability Limited Pa	artnership."

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

This Limited Partnership hereby removes its "Limited Liability Limited Partnership" status.

F. If amending any other information, enter change(s) here: (Attach additio	int should, y necessary,
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 State.)	by the Florida Department of
Signature(s) of a general partner or all general partners*:	
(*NOTE: Only one current general partner is required to sign this document unless the limit removing a "limited liability limited partnership" election statement. Chapter 620, F.S., requively a "limited liability limited partnership" election statement.)	ed partnership is adding or ires all general partners to sign
	7A S
	<b>2</b> 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
	SET 7
	FES E
Signature(s) of all new or dissociating general partner(s), if any:	9: 49 17ATE 10RIDA
John J. Mewfuller	Om •9
Boldwie Crover Apartwent 6/ LCC	
Ne. / R	
John F/Mendullar MORM	
Filing Fee: \$52.50	
Certified Copy (optional): \$52.50 Certificate of Status (optional): \$8.75	