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SIGNITARY OF STATE FLORIDA

T. HAMPTON

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EXAMINER

COVER LETTER

Registration Section Division of Corporations

TO:

| SUBJECT: HOLT VILLAGE | PARTNERSHIP, LLLP | |
|--|---|--|
| Name of Florida Limited Pa | rtnership or Limited Liability Limited Partnership | |
| The enclosed Certificate of Amendment a | and fee(s) are submitted for filing. | |
| Please return all correspondence concerni | ng this matter to: | |
| DAVID RUSSEL | | |
| HOLT VILLAGE PARTA Firm/Company | | |
| 220 SENECATRAIL Address | | |
| CREST VIEW, FL 3253 City, State and Zip Code | | |
| DAVER 21 @ COX, NET E-mail address: (to be used for future annual | | |
| For further information concerning this m | • | |
| DAVID RUSSELL | at (850) 682-3073 | |
| Name of Contact Person | Area Code and Daytime Telephone Number | |
| Enclosed is a check for the following amo | ount: | |
| \$52.50 Filing Fee and Certificate of Status | \$105.00 Filing Fee, and Certified Copy Certified Copy, and Certificate of Status | |
| STREET ADDRESS: | MAILING ADDRESS: | |
| Registration Section | Registration Section | |
| Division of Corporations | Division of Corporations | |
| Clifton Building | P. O. Box 6327 | |
| 2661 Executive Center Circle | Tallahassee, FL 32314 | |
| Tallahassee, FL 32301 | | |

CERTIFICAȚE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

| HOLT VILLAGE PART | NERSHIP JLLP ile with Florida Department of State | |
|---|--|----------|
| limited liability limited partnership, whose certification | Florida Statutes, this Florida limited partnership or icate was filed with the Florida Department of State on orida document number 10 700000 451, its certificate of limited partnership. | |
| This amendment is submitted to amend the following: | | |
| here: | limited partnership or limited liability limited partnershi | D |
| New name must be distinguish | hable and contain an acceptable suffix. | |
| Acceptable Limited Partnership suffixes: Limited Partners. Acceptable Limited Liability Limited Partnership suffixes: | | |
| B. If amending mailing address and/or principal office address here: New Principal Office Address: (Must be STREET address) | pal office address, enter new mailing address and/or | - |
| New Mailing Address: (May be post office box) | | |
| C. If amending the registered agent and/or registonew registered agent and/or the new registered office | ered office address on our records, enter the name of the | <u>e</u> |
| Name of New Registered Agent: | NA | |
| New Registered Office Address: | Enter Florida street address Florida SS | |
| | City , Florida Zip Code of PH 3: | ļ ; |

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

| | | If Changing Registered Age | nt, <u>Signature of New Registered</u> |
|-----------------------|---|-------------------------------|--|
| amending or remove | the general partner(s), <u>enter t</u> d from our records: | the name and business addre | ess of each general partne |
| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action |
| | N/p | | AddRemove |
| <u>.</u> | | | Add |
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| | | | Add Remove |
| the limited | l nartnershin or limited liab | pility limited partnership is | amending its "limited li |

 $(\underline{NOTE:}\ \ \textit{If adding or removing" limited liability limited partnership" status, all general partners must sign this amendment.)$

| F. If amending any other information, enter, of the second | change(s) here: (Attach additional sheets, if necessary.) |
|--|---|
| SEB PHIACHED | |
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| | |
| Effective date, if other than the date of filing: (Effective date cannot be prior to nor more than 90 days as State.) | fter the date this document is filed by the Florida Department of |
| Signature(s) of a general partner or all genera | l partners*: |
| (*NOTE: Only one current general partner is required to seemoving a "limited liability limited partnership" election when adding or removing a "limited liability limited partnership" | sign this document unless the limited partnership is adding or statement. Chapter 620, F.S., requires all general partners to sign ership" election statement.) |
| | Savid a Russell |
| | Savid a Russell Seneral Pathner |
| | |
| Signature(s) of all new or dissociating general | partner(s), if any: |
| NONE | |
| · | |
| | |
| | ALLAHA |
| Filing Fee: \$52.50 Certified Copy (optional): \$52.50 Certificate of Status (optional): \$8.75 | 27 27 ANY ASSER |
| Comments of States (Spitonary). 90.75 | PM 3: 2 OF STATE E. FLORI |

PHOLT VILLAGE PARTNERSHIP, LLLP 220 Seneca Trail, Crestview, FL 32536 Phone (850) 682-3073

AMENDMENT TO

Certificate of Limited Partnership of HOLT VILLAGE PARTNERSHIP, LLLP, A Florida limited partnership filed on March 14, 2007, and assigned document number AO7000000451 and filed at page 2889 Book 2773, Public Records of Okaloosa County, Florida is hereby amended to add the following:

SECTION IX: Termination of Interest

The following is added:

C. Failure of partners to make payments within 30 days when called for by General Partner to meet expenses of partnership shall be considered a default of membership responsibilities. First default shall result in member's shares being devalued by one-half. Any subsequent default shall result in loss of any remaining value in share(s) in the partnership. Shares lost in such instances shall revert to the partnership and partner shall be removed from partner membership rolls.

(The above amendment was submitted to the membership and approved by 65 percent of the share-holders.)

Certified and submitted for change to partnership agreement this 7th day of December 2011.

DAVID À. RUSSELL

General Partner

DFC 27 PM 3: (