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Division of Corporations

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From:

Account Name : FOLEY & LARDNER
Account Number : I19980000047
Phone : (407)423-7656

Fax Number : (407) 618-1743

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

Email Address: mike@mmi.com

12 MAR 19 AM 11: 32 SECRETARY OF STATE ALLAHASSEE, FLORIDA

LP/LLLP AMENDMENT/RESTATEMENT/CORRECTION MAITLAND BLVD APTS ASSOC., LLLP

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CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP

		\$ 50 S
	APTS ASSOC., LLLP	
Insert name currently on file	e with Florida Department of State	RO F
Pursuant to the provisions of section 620.1202, Flamited liability limited partnership, whose certific APRIL 20, 2007, assigned Flor	ate was filed with the Florida Depa	utment of State on
adopts the following certificate of amendment to i		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the lithere:</u>	mited partuerskin or limited Uability	limited partnership
MAITLAND	WEST, LLLP	
New name must be distinguish	able and contain an acceptable suffix.	
Acceptable Limited Partnership suffixes: Limited Partnershi Acceptable Limited Liability Limited Partnership suffixes: L B. If amending mailing address and/or princip principal office address here:	imited Liability Limited Partnership, L.L.I	,
New Principal Office Address;		
(Must be STREET address)		
•		
New Mailing Address: (May be post office box)		
C. If amending the registered agent and/or registern new registered agent and/or the new registered office		eter the name of the
Name of New Registered Agent:		
New Registered Office Address;		
	Enter Florida street address	
	Florida	

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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.

itle	<u>Name</u>	<u>Address</u>	Type of Active
<u></u>			Add Remove
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			AddRemove
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Page 2 of 3

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Effective date cannot be prior to nor more tate.)	of filing: than 90 days after the date this document is filed by the Florida Department of the state of the s
y	and the second s
	Y
ignature(s) of a general partner c	or all general partners*:
Menael E. Weight	
	ting general partner(s), if any:
Signature(s) of all new or dissociat	ting general partner(s), if any:
signature(s) of all new or dissociat	ting general partner(s), if any: