

COHEN &amp; GRIGSBY

386 P. 1-

**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.**

((H17000008561 3)))



H170000085613ABC

**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

From:

Account Name : COHEN & GRIGSBY, P.C.  
Account Number : I200300C0042  
Phone : (239)390-1912  
Fax Number : (239)390-1901

FILED STATE  
SECRETARY OF FLORIDA  
TALLAHASSEE, FLORIDA  
17 JAN 10 AM 9:32

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

Email Address: tenglish@hacfl.com

**LP/LLP AMENDMENT/RESTATEMENT/CORRECTION**  
**DR. KENNEDY HOMES, LTD.**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$105.00

JAN 11 2017

S. YOUNG

RECEIVED  
2017 JAN 10 PM 1:58  
SECURITY DIVISION  
TALLAHASSEE, FLORIDA

## Electronic Filing Menu

## Corporate Filing Menu

Help

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

**DR. KENNEDY HOMES, LTD.**

Insert name currently on file with Florida Department 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 07/24/2007, assigned Florida document number A07000000895, 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)

New Mailing Address:  
(May be post office box)

**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:

New Registered Office Address:

Enter Florida street address

\_\_\_\_\_, Florida \_\_\_\_\_  
City Zip Code

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
17 JAN 11 AM 9:33

**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.*

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>
GP	CDG DR. KENNEDY HOMES, LLC	2950 S.W. 27TH AVENUE SUITE 200 MIAMI, FL 33133	<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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

FILED  
17 JAN 10 AM 9:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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.)*

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.)

FILED  
17 JAN 10 AM 9:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

DISSOCIATING GENERAL PARTNER:

CDG DR. KENNEDY HOMES, LLC

By: 

Matthew Greer, Manager

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