

Division of Corporations

Page 1 of 1

**A07307**

**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.**

(((H14000121765 3)))



H140001217653ABC.

**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

**\*RE-SUBMIT\***

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

Please retain 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  
LAKE WALES VILLAS, LTD.**

Certificate of Status	0
Certified Copy	1
Page Count	056
Estimated Charge	\$105.00

**RECEIVED**  
14 MAY 28 PM 2:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**  
14 MAY 22 AM 8:15  
2014

Electronic Filing Menu      Corporate Filing Menu

Help  
J. Shivers MAY 29 2014

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Lake Wales Villas, 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@aamcl.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Deedra A. Burroughs

Name of Contact Person

at ( 865 )

525-7500 x229

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

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

Lake Wales Villas, 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 March 2, 1979, assigned Florida document number A07303, 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 L.L.L.P.*

**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/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:

Capital 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.*



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

RECEIVED  
14 MAY 28 AM 8:15  
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.)**

P. 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.)*

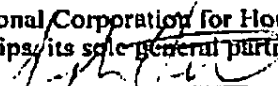
**Signature(s) of a general partner or all general partners\*:**

(\*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 (I/Wa 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: National Corporation for Housing Partnerships

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

14 MAY 28 AM 8:15  
 STATE  
 TALLAHASSEE, FLORIDA