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DATE:

8/4/15

NAME: LAKE WALES VILLAS, LTD.

TYPE OF FILING: AMENEMENT

COST:

105.00

RETURN: CERTIFIED COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION:

ABBIE/PAUL

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:
Deedra A. Burroughs Contact Person
AAMCI Corporation Firm/Company
708 S. Gay Street, Suite 200
Address
Knowille TN 27002
Knoxville, TN 37902 City, State and Zip Code
deedra.burroughs@aamci.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Deedra A. Burroughs at (865) 525-7500 x229
Name of Contact Person Area Code and Daytime Telephone Number
Enclosed is a check for the following amount:
\$52.50 Filing Fee S61.25 Filing Fee and Certificate of Status \$105.00 Filing Fee S113.75 Filing Fee, Certified Copy, and Certificate of Status
STREET ADDRESS: MAILING ADDRESS:
Registration Section Registration Section
Division of Corporations Clifton Building Division of Corporations P. O. Box 6327
2661 Executive Center Circle Tallahassee, FL 32314
Tallahassee, FL 32301

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

	Wales Vil			
Insert name current	y on file with Fl	orida Department of	State	
Pursuant to the provisions of section 620.12 limited liability limited partnership, whose March 2, 1979, assign adopts the following certificate of amendments.	certificate wa ed Florida doc	s filed with the F cument number _	lorida Department of S A07303	
This amendment is submitted to amend the follo	wing:	,		
A. If amending name, enter the new name o here:	f the limited p	artnership or lim	ited liability limited par	<u>tnership</u>
	not applica		•	
New name must be dist	inguishable and	contain an acceptab	le suffix.	
Acceptable Limited Partnership suffixes: Limited Pa Acceptable Limited Liability Limited Partnership su			tnership, L.I.L.P. or LLLP.	
B. If amending mailing address and/or principal office address here:	orincipa) offic	ce address, <u>enter</u>	new mailing address	and/or
New Principal Office Address (Must be STREET address)	<u>not ar</u>	pplicable	Single Si	16-1
New Mailing Address: (May be post office box)	not ar	pplicable	FE S	PK 1:13
		e e		
		Enter Florida stre		
-	City		Florida 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	d Agent,	Signature of	f New Registen	ed Agent

D.	If amending the general partner(s)	, <u>enter</u>	the name	and	business	address	of each	general	partner	being
ado	led or removed from our records:									

Title	<u>Name</u>	Address	Type of Action
General <u>Partner</u>	National Housng Ptrship	4582 S. Ulster St Suite 1100 Denver, CO 80237	Add Remove
			_ Add Remove
			Add A Signature of the control of th
			Add Remove C
			_ Add Remove
			Add Remove

E. If the limited partnership or limited liability limited partnership is amending its "limited liability limited partnership" status, enter change here:

Ш	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 addition	nal sheets, if necessary.)
Effective date, if other than the date of filing:	hle
Effective date, in other than the date of fining. ————————————————————————————————————	
······································	
Signature(s) of a general partner or all general partners*:	
*NOTE: Only one current general partner is required to sign this document unless the limite emoving a "limited liability limited partnership" election statement. Chapter 620, F.S., requi	
when adding or removing a "limited liability limited partnership" election statement.)	res an general parmers to sign
AAMCI Corporation	
By: (Dodd)	. 54
Printed Name: Deedra A. Burroughs	(15) (5)
Title: Secretary	14 - 1
ignature(s) of all new or dissociating general partner(s), if any:	77 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
	108 ·
Nat'l Housing Partnership	Ş
By: 6000000000000000000000000000000000000	· · · · · · · · · · · · · · · · · · ·
Printed Name: Deedra A. Burroughs	
itle Secretary	
Filing Fee: \$52.50 Certified Copy (optional): \$52.50	

\$8.75

Certificate of Status (optional):