please honor original submission date 8/15/23 as filing date



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Tq:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (954)208-0845 : (614)573-3996 Fax Number

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

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LP/LLLP AMENDMENT/RESTATEMENT/CORRECTION HOMESTEAD PLAZA ASSOCIATES, LTD.

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

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AUG 20 2023 K. Brumbley

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

Homestead Plaza Associates, Ltd.	
Insert name currently on fil	e with Florida Department of State
Pursuant to the provisions of section 620.1202, FI limited liability limited partnership, whose certific July 31, 1979, assigned Floradopts the following certificate of amendment to	cate was filedwith the Florida Department of State on rida document number A07747
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the linhere:	mited partnership or limited liability limited partnership
New name must be distinguish	able and contain an acceptable suffix.
Acceptable Limited Partnership suffixes: Limited Partnersh	
Acceptable Limited Liability Lunited Partnership suffixes: 1	·
B. If amending mailing address and/or princip principal office address here:	oal office address, enter new mailing address and/or
New Principal Office Address: (Must be STREET address)	2023 AUG
New Mailing Address: (May be post office box)	FILED FAND
C. If amending the registered egent and/or register	red office address on our records, <u>enter the name of the</u>
new registered agent and/or the new registered office	e address here:
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	Enter Florida street address
	. Florida
-	City Zip Code

To: . . Page: 4 of 5 2023-08-17 15 18:51 CST 12122023573 From: David The

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 furniliar 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>	Address	Type of Action
<u>GP</u>	Kimeo Realty Corporation	500 N. Broadway, Suite 201 Jericho, NY 11753	_ ⊔ Add _ ☑ Remove
GP	Kimeo Realty OP, LLC	500 N. Broadway. Suite 201 Joricho, NY 11753	⊠ Add □ Remove
			□ Add □ Remove
			⊔ Add □ Remove
	·		□ 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:

	This Limited	Partnershin	hereby elects to	he a"Li	imited L	ia bility	Limited P	artnershin ''
_	THE CHILL	1 40 (0) (130)	HILLEDY CICCIS IO			1(11/11){ 7	1.111111CU 1	441 2014 1 311111.

☐ This Limited Partnership hereby removesits "Limited Liability Limited Partnership" status.

(NOTE: If adding or removing" limited liability limited partnership" status, all general partners must sign this amendment.)

Kathleen M. Gazerro, authorized signer on behalf of Kimeo Realty OP, LLC, General Partner	Hotel Come
	,

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