

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : STEINBERG GARELLEK P.L.
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: SZG@STEINGARLAW.COM

LP/LLLP AMENDMENT/RESTATEMENT/CORRECTION
SHADOW LAKE ATLANTA APARTMENTS LLLP

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

Electronic Filing Menu

Corporate Filing Menu

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2016 JAN 13 AM 10:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

2016 JAN 13 PM 1:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



January 11, 2016

FLORIDA DEPARTMENT OF STATE

Division of Corporations

SHADOW LAKE ATLANTA APARTMENTS LLLP
3700 AIRPORT ROAD, STE 404
BOCA RATON, FL 33431

SUBJECT: SHADOW LAKE ATLANTA APARTMENTS LLLP
REF: A08000000024

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Every corporation, limited partnership, general partnership, limited liability company or trust listed as a general partner of a limited partnership, general partnership, or registered limited liability limited partnership must have an active registration/filing on file with this office before this filing can be completed. We are enclosing the appropriate instructions and/or forms for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

FAX Aud. #: H16000005648
Letter Number: 116A00000589

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

SHADOW LAKE ATLANTA APARTMENTS LLLP

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 January 8, 2008 assigned Florida document number A08000000024, 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

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 TALLAHASSEE, FLORIDA

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>GP</u>	<u>Shadow Lake GP LLC</u>	<u>2500 N. Military Trail</u> <u>Suite 285</u> <u>Boca Raton, FL 33431</u>	☐ Add ☒ Remove
<u>GP</u>	<u>Shadow GP LLC</u>	<u>2500 N. Military Trail</u> <u>Suite 285</u> <u>Boca Raton, FL 33431</u>	☒ Add ☐ Remove
<u>_____</u>	<u>_____</u>	<u>_____</u> <u>_____</u> <u>_____</u>	☐ Add ☐ Remove
<u>_____</u>	<u>_____</u>	<u>_____</u> <u>_____</u> <u>_____</u>	☐ Add ☐ Remove
<u>_____</u>	<u>_____</u>	<u>_____</u> <u>_____</u> <u>_____</u>	☐ Add ☐ Remove
<u>_____</u>	<u>_____</u>	<u>_____</u> <u>_____</u> <u>_____</u>	☐ 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 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.)

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CLERK OF CIRCUIT COURT
FLORIDA
JAN 13 2016

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.)

Shadow GP LLC
x 
By: Ronald Eisenberg, its Manager

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

Shadow Lake GP LLC
x 
By: Ronald Eisenberg, its Manager

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

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