(Requestor's Name)		
(Address)		
(Ac	ldress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
(Bu	usiness Entity Nai	me)
· (Do	ocument Number)	
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	

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G. MCLEOD

JUN 14 2010

EXAMINER



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10 JUNII AMII: 57 SECRETARY OF STATE ALLAHASSEE, FLORIDA

## **COVER LETTER**

TO: Registration Section
Division of Corporations

SUBJECT: WATERM.	ARKE REALTY GROUP, LLLP
Name of Florida Limite	d Partnership or Limited Liability Limited Partnership
The enclosed Certificate of Amendme	ent and fee(s) are submitted for filing.
Please return all correspondence conce	erning this matter to:
C Douglass Izar	rd
Contact Person	
WATERMARKE REALTY G	ROUP LLLP
Firm/Company	
13361 Atlantic Boul	evard
Address	
Jacksonville, FL 32	
City, State and Zip Co	ode
doug@qhrealestate	
E-mail address: (to be used for future an	nual report notification)
For further information concerning thi	is matter, please call:
Doug Izard	at ( 904 ) 221-2605
Name of Contact Person	Area Code and Daytime Telephone Number
Enclosed is a check for the following a	amount:
\$52.50 Filing Fee S61.25 Filing Fe and Certificate of Status	see \$\int_\$105.00 Filing Fee and Certified Copy \$113.75 Filing Fee, Certified Copy, and Certificate of Status
STREET ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building 2661 Executive Center Circle	P. O. Box 6327 Tallahassee, FL 32314
Tallabassas El 22301	Tattatiassee, FL 32314

### CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

# WATERMARKE REALTY GROUP LLLP

Insert name currently on file with Florida Department of State

Pursuant to the provisions of section 620.1202, Flelimited liability limited partnership, whose certification 1/22/2008, assigned Flori	ate was filed w	vith the Florida Department of State o	n _,
adopts the following certificate of amendment to i			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lihere:	mited partnersh	tip or limited liability limited partners	<u>1ip</u>
New name must be distinguished	able and contain a	n acceptable suffix.	-
Acceptable Limited Partnership suffixes: Limited Partnersh Acceptable Limited Liability Limited Partnership suffixes: L			
B. If amending mailing address and/or princip principal office address here:	oal office addr	ess, enter new mailing address and/	<u>or</u>
New Principal Office Address:			
(Must be STREET address)			¥
			* 1
New Mailing Address:		SS - 1	-
(May be post office box)			T
			ز ا
		<b>验 5</b>	
C. If amending the registered agent and/or registered new registered agent and/or the new registered office	red office addre e address here:	ess on our records, enter the name of t	<u>the</u>
new registered agent and/or the new registered office	<u>, address nere</u> .		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter F	lorida street address	
		, Florida	
<del></del>	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 Age	nt, 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>	Name	Address	Type of Action
<u>Partner</u>	IHA Buildings & Land	13361 Atlantic Blvd Jacksonville FL 32225	Add Remove
			Add Remove
			Add Remove
<del></del>			Add Remove
			Add Remove
			Add Remove
	l partnership or limited liabilit hip" status, enter change here:	y limited partnership is amo	ending its "limited liability
This Limit	ed Partnership hereby elects to be	e a "Limited Liability Limited	Partnership."
This Limit	ed Partnership hereby removes it	s "Limited Liability Limited P	artnership" status.

Page 2 of 3

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

F. If amending any other infor	mation, ente	er change(s)	) here: (Attach additional sheets, if necessary.)
Effective date, if other than the dat (Effective date cannot be prior to nor mor State.)	e of filing:_ re than 90 days	s after the da	ite this document is filed by the Florida Department o
,			
Signature(s) of a general partner	or all gene	eral partne	ers*:
(*NOTE: Only one current general partr removing a "limited liability limited partr when adding or removing a "limited liabi	ership" electio	on statement.	document unless the limited partnership is adding or . Chapter 620, F.S., requires all general partners to significant extensions to statement.)
a Paristina ba	a . 1		
Chougan de	<u>ua</u>		
Signature(s) of all new or dissoci	ating gener	<u>al partner</u>	r(s), if any:
	<del></del>		
Filing Foot	\$52.50		
Filing Fee: Certified Copy (optional):	\$52.50		
Certificate of Status (optional):	\$8.75		