

Division of Corporations

Page 1 of 1

A09017

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.

(((H14000121738 3)))



H140001217383ABC.

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 : FCA300000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

Please return to 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
GROVE PARK VILLAS, LTD.**

Certificate of Status	0
Certified Copy	1
Page Count	08/6
Estimated Charge	\$105.00

RECEIVED

14 MAY 30 PM 3:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDASECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 MAY 22 PM 3:07

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Grove Park 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@aamci.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

850-817-6381

5/29/2014 11:29:57 AM PAGE 17001 Fax Server



May 29, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

GROVE PARK VILLAS, LTD.
4582 SOUTH ULSTER STREET
SUITE 1100
DENVER, CO 80237

SUBJECT: GROVE PARK VILLAS, LTD.
REF: A09017

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

The document must be signed by a current general partner, if any, and by each newly designated general partner(s).

The new GP must also sign where the the dissociating GP signed. Therefore, the new GP will have two signatures on the amendment.

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. #: H14000121738
Letter Number: 214A00011545

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TALLAHASSEE, FLORIDA

RE-SUBMIT

Please return original filing
date of submission 5/30

P.O BOX 6327 - Tallahassee, Florida 32314

FILED
14 MAY 22 PM 3:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Grove Park 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 June 19, 1980, assigned Florida document number A09017, 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 LL.LP.

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)

Condev Corporation
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:

Capitol 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.

Russell Fleming

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>Conder Corporation</u>	<u>1270 Orange Ave.</u> <u>Suite D</u> <u>Winter Park, FL 32789</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
_____	<u>The National Housing Partnership</u>	<u>2000 South Colorado Boulevard</u> <u>Tower Two, Suite 2-1000</u> <u>Denver, CO 80222</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

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.)

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

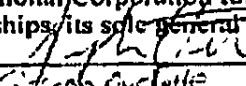
(*NOTE: Only one current general partner is required to sign this document unless the limited partnership is adding or removing a "limited liability limited partnership" election statement. Chapter 620, F.S., requires all general partners to sign when adding or removing a "limited liability limited partnership" election statement.)


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: Joseph C. Cullen

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