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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number: I20160000017 : (855)498-5500 Fax Number : (800)432-3622

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 GRUVE PARK VILLAS, LTD.

Certificate of Status	0
Certified Copy	1
Page Count	04
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CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

GROVE PARK VILLAS, LTD.					- .
Insert name curr	rently on f	ile with Florid	a Department of Sta	lc	
Pursuant to the provisions of section 620 limited liability limited partnership, who 06/19/1980, ass	se certifigned Flo	icate was fil orida docum	ed with the Flori ent number A090	da Department of S	
adopts the following certificate of amen	ament to	its certifica	te of fimiled part	nersnip.	
This amendment is submitted to amend the f	ollowing:				
A. If amending name, enter the new name here:	e of the	limited part	nership or limited	l liability limited pa	<u>rtnership</u>
N/A					
New name must be	distinguis	hable and cont	ain an acceptable su	ıffix.	
Acceptable Limited Partnership suffixes: Limite Acceptable Limited Liability Limited Partnershi	d Partners p suffixes:	hip, Limited, l Limited Liabi	L.P., LP, or Ltd. lity Limited Partners	ship, L.L.L.P. or LLLP	•
B. If amending mailing address and/o					
principal office address here:	or princi	par ornee a	<u> </u>		~
New Principal Office Add (Must be STREET address)	lre <u>ss:</u>	N/A		28 	AF 022 N OY
New Mailing Address: (May be post office box)		N/A		102 to 100 to 10	PROVE
(May be post office box)			·	2 [□ 2: 1. 7
C. If amending the registered agent and/or registered agent and/or the new registered			iress on our recor	ds, <u>enter the name (</u>	of the new
Name of New Registered Agent:	N/A		 		
New Registered Office Address:	N/A	En	ter Florida street o	address	
		22			
		City	, Flo	rida Zip Code	

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New Registered Agent's Signature, if changing Registered Agent:

comply with the	the appointment as registered ager provisions of all statutes relative t and accept the obligations of my	o the proper and complete perf	city. I further agree to ormance of my duties, and l
		If Changing Registered Agent, Sign	nature of New Registered Agent
	the general partner(s), enter the ed from our records:	name and business address of	each general partner being
<u>Title</u>	Name	Address	Type of Action
GP	AAMCI CORPORATION	320 N Cedar Bluff Rd, Stc 203 Knoxville, TN 37923	□ Add □ Remove
GP	AAMCI - INVESTMENTS, LLC	320 N Cedar Bluff Rd, Ste 203 Knoxville, TN 37923	
			□ 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	Partnership	hereby elects to	be a "I	Limited I	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.)

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h. If amending any other information of	enter change(s) here: (Attach additional sheets, if necessary.)
r. If amending any other mormation,	cher change(s) here (vinder, additional street, y vicetosary)
Effective date, if other than the date of filin (Effective date cannot be prior to nor more than 90	g:
State.) Note: If the date inserted in this block does not mee	et the applicable statutory filing requirements, this date will not
be listed as the document's effective date on the De	partment of State's records.
Signature(s) of a general partner or all g	eneral partners*:
(*NOTE: Only one current general partner is requiremoving a "limited liability limited partnership" elwhen adding or removing a "limited liability limited	ired to sign this document unless the limited partnership is adding or ection statement. Chapter 620, F.S., requires all general partners to sign d partnership" election statement.)
AAMCI - Investments, LLC	
(new general partner)	
By: Joseph A Engle Joseph Engle, President	
loseph Engle, President	
Signature(s) of all new or dissociating ge	neral partner(s), if any:
AAMCI - Investments, LLC	
(new general partner)	
By: Dissoph A Engle Joseph Engle, President	
Filing Fee: \$52.50 Certified Copy (optional): \$52.50	
Certified Copy (optional): \$52.50 Certificate of Status (optional): \$8.75	