

A1000000039
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6393

From:

Account Name : SAXON GILMORE NON-TRUST FUNDS
Account Number : I20180000023
Phone : (813)314-4551
Fax Number : (813)314-4555

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

Email Address: FLCORP@SAXONGILMORE.COM

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

LP/LLLP AMENDMENT/RESTATEMENT/CORRECTION
RENAISSANCE PRESERVE IV, LLLP

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$52.50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

18 JUL -9 AM 8:50

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Q SIMMONS

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CERTIFICATE OF AMENDMENT
TO
CERTIFICATE OF LIMITED PARTNERSHIP
OF

RENAISSANCE PRESERVE IV, 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 21, 2010, assigned Florida document number A10000000039, 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)

4224 Renaissance Preserve Way

Fort Myers, FL 33916

New Mailing Address:
(May be post office box)

4224 Renaissance Preserve Way

Fort Myers, FL 33916

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:

BERNICE S. SAXON, ESQ.

New Registered Office Address:

201 E. KENNEDY BLVD., SUITE 600

Enter Florida street address

TAMPA
City

Florida 33602
Zip Code

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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.

[Signature]
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>
GP	Norstar Renaissance Preserve Family III, Inc.	200 South Division Street Buffalo, NY 14204	<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
			<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

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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.)

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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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 520, F.S., requires all general partners to sign when adding or removing a "limited liability limited partnership" election statement.)

Renaissance Preserve IV, LLC

By:  Managing Authority of the City of Fort Myers, Florida, its Managing Member
Marcus D. Goodson, Executive Director

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

Norstar Renaissance Preserve Family III, Inc.

By: _____
Richard L. Higgins, Vice President

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

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