## A1000000739

(Re	equestor's Name)		
(Ac	ddress)		
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(Ci	ty/State/Zip/Phon	e #)	
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2013 NBV -5 FN 4: 27

## **COVER LETTER**

TO: Registration Section Division of Corporations	
	Square Elderly, LTD. tnership or Limited Liability Limited Partnership
The enclosed Certificate of Amendment ar Please return all correspondence concerning	nd fee(s) are submitted for filing.
Dorothy Ellington	
Contact Person	,
Delray Village Square, Ll	C 32, 23
Firm/Company	
701 SE 6th Avenue, Suite	201 201 28 28 29 -5
Address	. T T
Delray Beach, FL 3348	3
City, State and Zip Code	3
dellington@dbha.org	de la companya de la
E-mail address: (to be used for future annual	report notification)
For further information concerning this ma	atter, please call:
Jakeleen Fernandez	at ( 561 ) 272-6766
Name of Contact Person	Area Code and Daytime Telephone Number
Enclosed is a check for the following amou	unt:
\$52.50 Filing Fee S61.25 Filing Fee and Certificate of Status	\$105.00 Filing Fee and Certified Copy Certified Copy, and Certificate of Status
STREET ADDRESS:	MAILING ADDRESS:
egistration Section Registration Section	
Division of Corporations	Division of Corporations
Clifton Building	P. O. Box 6327
2661 Executive Center Circle	Tallahassee, FL 32314
Tallahassee, FL 32301	

## CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

	uare Elderly, LTເ		
Insert name currently on f	ile with Florida Departm	ent of State	
Pursuant to the provisions of section 620.1202, Flimited liability limited partnership, whose certif	icate was filed with torida document num	the Florida Department of Sta ber <u>A1000000739</u>	
adopts the following certificate of amendment to	its certificate of lim	ited partnership.	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the here:	limited partnership o	r limited liability limited partn	<u>iership</u>
New name must be distinguis	hable and contain an acc	eptable suffix.	
Acceptable Limited Partnership suffixes: Limited Partners Acceptable Limited Liability Limited Partnership suffixes:	Limited Liability Limited	d Partnership, L.L.L.P. or LLLP.	
B. If amending mailing address and/or princ principal office address here:	ipal office address,	enter new mailing address a	<u>nd/or</u>
New Principal Office Address: (Must be STREET address)		2013 Exp. 3	
New Mailing Address: (May be post office box)			the a
C. If amending the registered agent and/or registered agent and/or the new registered offi		n our records, <u>enter the name</u>	of the
Name of New Registered Agent:			
New Registered Office Address:	Enter Floria	la street address	
		, Florida	
	City	Zip Code	

## AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF VILLAGE SQUARE ELDERLY, LTD.

Pursuant to the authority of Section 620.1202 of the Florida Revised Uniformed Limited Partnership Act (1986), the undersigned constituting the managing general partner of VILLAGE SQUARE ELDERLY, LTD., a Florida limited partnership (the "Partnership"), submits the following:

- 1. Paragraph 3 of the Certificate of Limited Partnership is hereby deleted in its entirety and substituted and the following substituted in lieu thereof:
  - 3. The names and business addresses of the General Partners are:

Delray Village Square, LLC, a Florida limited liability company 701 SE 6<sup>th</sup> Avenue, Suite 201 L\2-483\4
Delray Beach, FL 33483

RST Carver Estates Elderly, LLC, a Nevada limited liability company 1750 Valley View Lane, Suite 420 MI-54045
Dallas, Texas 75234

The undersigned has hereunto set its hand and seal this day of October, 2013.

MANAGING GENERAL PARTNER:

RST CARVER ESTATES ELDERLY, LLC., a Nevada limited liability company

By: Roundstone Development, LLC, a Nevada Limited liability company, its sole member

By:
Print Name: CLEFTON PHEMSES
Its: President