

A 10059

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.

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**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

From:  
Account Name : AKERMAN LLP - JACKSONVILLE  
Account Number : 105543000740  
Phone : (904) 798-3700  
Fax Number : (904) 798-3730

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

Email Address: \_\_\_\_\_

RECEIVED

2020 MAR -5 PM 3:33

FLA DEPT OF STATE

LP/LLP AMENDMENT/RESTATEMENT/CORRECTION  
GARDEN TERRACE APARTMENTS II, LTD.

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

2020 MAR -5 PM 2:43

FILED

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Corporate Filing Menu

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Garden Terrace Apartments II, 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:

Christopher McCranie

Contact Person

Akerman LLP

Firm/Company

50 North Laura Street, Suite 3100

Address

Jacksonville, FL 32202

City, State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christopher McCranie

Name of Contact Person

904

598-8636

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

Mailing Address:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address:

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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CERTIFICATE OF AMENDMENT  
TO  
CERTIFICATE OF LIMITED PARTNERSHIP  
OF

Garden Terrace Apartments II, 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 2/11/1981, assigned Florida document number A10059, 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)

New Mailing Address:

(May be post office box)

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:

New Registered Office Address:

\_\_\_\_\_  
Enter Florida street address

\_\_\_\_\_, Florida \_\_\_\_\_  
City 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.*

\_\_\_\_\_  
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           | Emorian Lexford GP New 2, LLC        | 333 Earle Ovington Blvd<br>Uniondale, NY 11553 | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
| GP           | Interstate Realty Holdings XXIV, LLC | 333 Earle Ovington Blvd<br>Uniondale, NY 11553 | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
|              |                                      |                                                | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                                      |                                                | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                                      |                                                | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                                      |                                                | <input type="checkbox"/> Add<br><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.)**

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

INTERSTATE REALTY HOLDINGS XXIV, LLC

By: \_\_\_\_\_

Name: Gianni Ottaviano

(New General Partner)

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

INTERSTATE REALTY HOLDINGS XXIV, LLC

By: \_\_\_\_\_

Name: Gianni Ottaviano

(New General Partner)

EMPIRIAN LEXFORD GP NEW 2, LLC

By: \_\_\_\_\_

Name: Max Profescrske

(Dissociating General Partner)

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

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