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INCISION OF CORPORATIONS

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T. BROWN

CAPITAL CONNECTION, INC.417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Woodshire Partners	, Ltd.		
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		_	Art of Inc. File
			LTD Partnership File
			Foreign Corp. File
			L.C. File
			Fictitious Name File
			Trade/Service Mark
			Merger File
			Art. of Amend. File
			RA Resignation
			Dissolution / Withdrawal
			Annual Report / Reinstatement
			Сеп. Сору
			Photo Copy
			Certificate of Good Standing
			Certificate of Status
			Certificate of Fictitious Name
			Corp Record Search
			Officer Search
			Fictitious Search
Signature			Fictitious Owner Search
J			Vehicle Search
			Driving Record
Requested by: SETH	01/08/15		UCC 1 or 3 File
Name	Date	Time	UCC 11 Search
. 161110	Date	11110	UCC 11 Retrieval
Walk-In	Will Pick Up	_	Courier

CERTIFICATE OF AMENDMENT TO

CERTIFICA	TE OF AMENDM	ENT
	TO	15 , Il m
CERTIFICATE O	F LIMITED PART	NERSHIP SA MA STORY
	OF	4000 B
Moodet	siro Dorinoro I t	4 MARIE 19 3
	nire Partners, Ltd	1507
insert name currently o	n file with Florida Depar	TNERSHIP I. truent of State is Florida limited partnership or
Pursuant to the provisions of section 620.1202 imited liability limited partnership, whose cer		is Florida limited partnership or the Florida Department of State on
April 5, 2011, assigned		
adopts the following certificate of amendment		
•		•
This amendment is submitted to amend the following	ıg:	
A. If amending name, <u>enter the new name of the need in the new name of the need in the new name of the new na</u>	<u>ie limited partnership</u>	or limited liability limited partnership
Chandler Real	Estate Partners	XIII P
New name must be disting		
11011, Emilio Indot dy Cioning.		
loceptable Limited Parinership suffixes: Limited Partn loceptable Limited Liability Limited Partnership suffix		
 If amending mailing address and/or principal office address here: 	icipal office address	s, enter new mailing address and/or
37 / N 11 / OCC 4 11 / 1		
New Principal Office Address:		
(Must be STREET address)	 	<u></u>
		· · · · · · · · · · · · · · · · · · ·
Name Marillan A Admini		
New Mailing Address: (May be post office box)		
(May be post office vox)	· · · · · · · · · · · · · · · · · · ·	······································
C. If amending the registered agent and/or regience registered agent and/or the new registered o		on our records, enter the name of the
Name of New Registered Agent:		
N Destand OCC A 44 and		
New Registered Office Address:	Futar Fis-	ida street address
	Enier R (0)	ומת איו בבי מתתו בא
		, Florida
	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.

Name	<u>Address</u>	Type of Action
		 _
		Remóve
	4	
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		AddRemove
		Add
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		Remove
	···	
	liability limited partnership is	

(NOTE: If adding or removing" limited liability limited partnership" status, all general partners must sign this amendment.)

F. If amending any other info	rmation,	enter change(s) here: (Attach additional sheets, if necessary.)
-			
Effective date, if other than the date (Effective date cannot be prior to nor moi State.)	te of fili re than 90	ng:) days after the d	ate this document is filed by the Florida Department of
Signature(s) of a general partner	or all s	general partn	ers*:
	ership" e	lection statement	document unless the limited partnership is adding or Chapter 620, F.S., requires all general partners to sign ection statement.)
By: Parl C. Gro Manager	+ Compo	eng, LGC	
Maraga-			
		-	
		-	
		-	
Signature(s) of all new or dissoci	ating ge	neral partne	<u>r(s), if any</u> :
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		-	
·		-	
Filing Fee: Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$52.50 \$8.75		