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COVER LETTER

TO: Registration Section Division of Corporations	
	N GROUP HOMES, LLLP
Name of Florida Limited Partne	ership 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:
JOSE POL	
Contact Person	<u> </u>
THE GARDEN GROUP HOMES	HIIP
Firm/Company	,
7771 W OAKLAND PARK BLVD,	STF 152
Address	
SUNRISE, FL 33351	
City, State and Zip Code	
jpol@gardengrouphomes,.co	om
E-mail address: (to be used for future annual rep	
For further information concerning this matt	er, please call:
JOSE POL	at (954) 288-0656
Name of Contact Person	Area Code and Daytime Telephone Number
Enclosed is a check for the following amount	ıt:
\$52.50 Filing Fee \$61.25 Filing Fee and Certificate of Status	\$105.00 Filing Fee S113.75 Filing Fee, Certified Copy, and Certificate of Status
STREET ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
<u>-</u>	
	Tananassee, rl 32314
and Certificate of Status STREET ADDRESS:	and Certified Copy Certified Copy, and Certificate of Status MAILING ADDRESS:

CERTIFICATE OF AMENDMENT CERTIFICATE OF LIMITED PARTNERSHIP **OF**

THE GARDEN GROUP HOMES, LLLP Insert name currently on file with Florida Department of State

Pursuant to the provisions of section 620.1 limited liability limited partnership, whose 08/02/2013, assig adopts the following certificate of amendration. This amendment is submitted to amend the following certificate.	e certifi ned Flo nent to	cate was filed rida document	with the Florida number	Department of S A13000000410	tate on
A. If amending name, enter the new name here:	of the l	imited partners	ship or limited lia	bility limited par	<u>tnership</u>
		N/A			
New name must be di	stinguish	nable and contain	an acceptable suffix		
Acceptable Limited Partnership suffixes: Limited I Acceptable Limited Liability Limited Partnership s				, L.L.L.P. or LLLP.	,
B. If amending mailing address and/or principal office address here:	princi	pal office addi	ress, <u>enter new i</u>	mailing address	and/or
New Principal Office Addre (Must be STREET address)	ess:	N/A		14 /PR	
New Mailing Address:				28 A	
(May be post office box)				3141E	Sylvania Sylvania
C. If amending the registered agent and/onew registered agent and/or the new register				ds, enter the nan	ne of the
Name of New Registered Agent:	N/A				
New Registered Office Address:					
		Enter	Florida street addi	ress	
		City	, Florida	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.

If Changing Registered Agent, Signature of New Registered Agent	

added or removed	•	• • • • • • • • • • • • • • • • • • • •	the name	anu business	auuress o	n each	general	partner	being
<u>Title</u>	<u>Name</u>			<u>Address</u>		<u>Ty</u>	pe of Ac	<u>tion</u>	

<u>1 ttie</u>	Name	Address	Type of Action
<u>G</u>	SWABY KERR-ROLLE	7771 W OAKLAND PARK STE 152 SUNRISE FL 33351	☐ Add ✓ Remove
<u>G</u>	GARFIELD BAJON	7771 W OAKLAND PARK STE 152 SUNRISE FL 33351	☐ Add ☑ Remove
<u>G</u>	JAVAN ROLLE	7771 W OAKLAND PARK	Add Remove Add Remove Add Remove Add Remove Add Remove

. If the limited partnership or limited liabilit mited partnership" status, enter change here:	y limited partnership is amending its "limited liability

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.)

•

	F. If amending any other information, et	nter chauge(s) here: (Attach additional sheets,	if necessary.)
		P-VHSML Little	
			···
	·		
	Effective date, if other than the date of filing (Effective date cannot be prior to nor more than 90 d State.)	ays after the date this document is filed by the Flori	da Department of
	Signature(s) of a general partner or all ge	neral partners*:	
	(*NOTE; Only one current general partner is require removing a "limited liability limited partnership" elec when adding or removing a "limited liability limited	ction statement. Chapter 620, F.S., requires all gene	nip is adding or wal partners to sign
	Alanha	<u> </u>	
	Janay Rolle	700	
(sychely Bayon		
		<u> </u>	
	Signature(s) of all new or dissociating gen		
	1	erai partner(s), ii any:	
	LL JAVAN, KOLLE	B	≥ 2.
	Started Borg.		
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	Filing Fee: \$52.50 Certified Copy (optional): \$52.50		A S
	Certificate of Status (optional): \$8.75		101
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			28 28 88 88
		Page 3 of 3	
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			R 28 AH 9: 49 NARY OF STATE ASSEE, FLORIDA