

02/28/2014 16:57

Division of Corporations

P.001/002

http://efile.sunbiz.org/scripts/efilcovr.i

**A17000000526**

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.

((H14000050504 3)))



H140000505043ABCT

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 : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5368

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

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

LP/LLP AMENDMENT/RESTATEMENT/CORRECTION  
HHD CREEKSIDE MEDICAL VILLAGE, LLLP

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$61.25

RECEIVED

14 FEB 28 AM 6:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
TALLAHASSEE, FLORIDA

14 FEB 28 AM 9:16

J. G. GREGG MAR 03 2014

H14000050504 3

**AMENDMENT TO THE  
CERTIFICATE OF LIMITED PARTNERSHIP  
OF**

**HHD CREEKSIDE MEDICAL VILLAGE, LLLP**

THE UNDERSIGNED hereby executes and swears to this Amendment to the Certificate of Limited Partnership of HHD CREEKSIDE MEDICAL VILLAGE, LLLP, a Florida limited liability limited partnership (the "Partnership"), pursuant to the Florida Revised Uniform Limited Partnership Act of 2005, as amended, *Florida Statutes* § 620.1202.

1. Name of Partnership. The name of the Partnership is HHD CREEKSIDE MEDICAL VILLAGE, LLLP.
2. Date of Filing of Certificate of Limited Partnership. The Partnership filed its Certificate of Limited Partnership (the "Certificate") with the Secretary of State of the State of Florida on September 18, 2013.
3. Amendment to the Certificate of Limited Partnership. The Certificate is hereby amended to reflect that the name of the Partnership shall be HHD INDEPENDENCE MEDICAL VILLAGE, LLLP.
4. Recertification. Except as modified herein, the Certificate is hereby reaffirmed in every respect and shall remain and continue in full force and effect.

DATED effective the 27 day of February, 2014.

GENERAL PARTNER:

HARROD DEVELOPMENT, INC.,  
a Florida corporation

By:   
Chadwick W. Harrod, President

14 FEB 28 AM 9:45  
FILED