Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : FOLEY & LARDNER OF TAMPA

Account Number : 071344001620 Phone

: (813)229-2300

Fax Number

: (813)221-4210

\*\*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/LLLP AMENDMENT/RESTATEMENT/CORRECTION

HP SHERRILL, LLLP

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$105.00

Electronic Filing Menu

Corporate Filing Menu

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H160000883373

## CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP

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CERTIFICATE OF AMENDMENT	2,
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CERTIFICATE OF LIMITED PARTNERSHIP	The state of the s
OF	
HP SHERRILL, LLLP	753 AL
Insert name currently on file with Florida Department of State	200
	Some State
	7 ·
Pursuant to the provisions of section 620.1202, Florida Statutes, this Florida limit	
imited liability limited partnership, whose certificate was filed with the Florida I	
October 18, 2013 , assigned Florida document number A	
dopts the following certificate of amendment to its certificate of limited partners	snip.
This amendment is submitted to amend the following:	
ins amendment is submitted to amend the following.	٠
A. If amending name, <u>enter the new name of the limited partnership or limited lial</u> here:	bility limited partnership
New name must be distinguishable and contain an acceptable suffix.	
A STATE OF THE STA	
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 n principal office address here:	nailing address and/or
Name Date sized Office Address.	
New Principal Office Address:  (Must be STREET address)	****
(Musi de SIRELI adaress)	
New Mailing Address:	
(May be post office box)	
	•
or to the state of	J
C. If amending the registered agent and/or registered office address on our record new registered agent and/or the new registered office address here:	is, enter the name of the
HEN TORISHED OF AREAL AND OF THE HEN TERISHED OF THE AUDITOS HETE.	
Name of New Registered Agent:	
New Registered Office Address:  Enter Florida street addr	
Enter Florida street addr	.622

City

, Florida

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
II Changing registered	TRUIT, DIRIGIOIS	OLITON NUMBERS OF TRANS

## D. If amending the general partner(s), enter the name and business address of each general partner being added or removed from our records:

Title	Name	Address	Type of Action
GP	Harrod Development, Inc.	5550 W Executive Dr. Suite 550 Tampa, FL 33609	☐ Add ☑ Remove
GP	Harrod Management GP, LLC	5550 W Executive Dr. Suite 550 Tampa, FL 33609	Add Remove
·			Add Remove
			Add F
<del></del>			Add Remove
			Add Remove

E.	If the limited pa	rtnership or limite	ed liability limited	l partnership i	s amending its	"limited li	ability
lin	nited partnership'	" status, enter chan	ige 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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Filing Fee:

Certified Copy (optional): Certificate of Status (optional):

F. If amending any other information, enter change(s) here: (Attach a	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	s filed by the Florida Denastment of
State.)	
	·
Signature(s) of a general partner or all general partners*:	
/*NOTE: Only one current general normer is required to sign this document unless the	ne limited narmership is adding or
removing a "limited liability limited partnership" election statement. Chapter 620, F.S.	
removing a "limited liability limited partnership" election statement. Chapter 620, F.S.	
removing a "limited liability limited partnership" election statement. Chapter 620, F.S. when adding or removing a "limited liability limited partnership" election statement.)	
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\$52.50

\$52.50 \$8.75