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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6383

From;

Account Name : AKERMAN LEP - JACKSONVILLE

Account Number : 105543000740 : (904)798-3700 : (904)798-3730 Fax Number

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 HICKORY PLACE APARTMENTS, LTD.

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

Electronic Filing Menu

Corporate Filing Menu

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COVER LETTER

TO: Registr	ation Section m of Corporations			
	ickory Place Apartments, Ltd.	•		
SUBJECT:	Name of Florida Limited	Partnership or Limited	t Liabilit	y Limited Partnership
The enclosed (Certificate of Amendmen			
Please return a	ll correspondence concer	ning this matter to	:	
Christopher McC	ranie			
	Contact Person			
Akerman LLP				
	Firm/Company			
	treet, Suite 3100			
	Address			
Jacksonville, FL	32202			
	City, State and Zip Cod	<u></u>		
E-mail addr	esa: (to be used for future and	ual report netification))	
For further info	ormation concerning this	matter, please call	:	
Christopher McC	france	at (at (598-	\$636
Name o	ranie Contact Person	Area Code	and Day	time Telephone Number
Enclosed is a c	theck for the following ar	nount:		
S52.50 Filing	Fee S61.25 Filing Fee and Certificate of Status	☐\$105.00 Filir and Certified Co	ig Fee Opy	□\$113.75 Filing Fee, Certified Copy, and Certificate of Status
Mailing Address: Registration Section Division of Corporations P.O. Box 6327		Regis Divis The C	ion of C Jentre c	Section Corporations of Tallahussee
Tallahassee, F	L 32314			nroe Street, Suite 810 FL 32303

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CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

Hickory Place Apartments, Ltd. Insert name currently on file wit	h Florida Department of State
Pursuant to the provisions of section 620.1202, Florid limited liability limited partnership, whose certificate 2/1/1/1983 adopts the following certificate of amendment to its contains the following certificate of amendment to its contains to the following certificate of amendment to its contains to the following certificate of amendment to its contains to the following certificate of amendment to its contains to the following certificate of amendment to its contains to the following certificate of amendment to its contains to the following certificate of amendment to its contains to the following certificate of amendment to its contains to the following certificate of amendment to its contains to the following certificate of amendment to its contains to the following certificate of amendment to its contains to the following certificate of amendment to its contains to the following certificate of amendment to its contains to the following certificate of amendment to its contains to the following certificate of amendment to its contains to the following certificate of amendment to its contains to the following certificate of amendment to its contains to the following certificate of amendment to its contains to the following certificate of amendment to its contains to the following certificate of amendment to the following the following certificate of amendment to the following certificate of amendment to the following the following certificate of amendment to the following the	was filed with the Florida Department of State on document number. A13999
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limite here</u> :	al partnership or limited liability limited partnership
New name mest be distinguishable Acceptable Limited Partnership suffixer: Limited Partnership, L Acceptable Limited Liability Limited Partnership suffixes: Limit	P N
B. If amending mailing address and/or principal of principal office address here:	office address, enter new mailing address and/or
New Mailing Address: (May be past office hav)	19
C. If amending the registered agent and/or registered of registered agent and/or the new registered office address	fice address on our records, <u>enter the name of the new</u> s here:
Name of New Registered Agent:	
New Registered Office Address:	Fater Florida street address
	Florida

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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:

Title	<u>Name</u>	Address	Type of Action
GP	Empirian Lexford GP New 2, LLC	333 Earle Ovington Blvd Uniondale, NY 11553	□ Add ■ Remove
GP	Interstate Realty Holdings XXIV, LLC	333 Earle Ovington Blvd Uniondale, NY 11553	
a a co sa co			. □ Add □ Remove
			☐ Add ☐ Remove
			□ Add □ Remove
			□ Add □ 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 Limbility Limited Partnership" status.

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

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t. If antending any local timormation, emer co	nange(s) here: (Attach additional sheets, if necessory.)
	, , , , , , , , , , , , , , , , , , , ,
Effective date, if other than the date of filing: LEffective date cannot be prior to nor more than 90 days after	er the date this document is filed by the Florido Department of
State.) Note: If the date inserted in this block does not meet the app be listed as the document's effective date on the Department	olicable statutory filing requirements, this date will not
Signature(s) of a general partner or all general	partners*:
('NOTE: Only one current general partner is required to significantly limited partnership" election structure adding or removing a "limited liability limited partner.	atement. Chapter 620, F.S., requires all general partners to sign
INTERSTATE REALTY HOLDINGS XXIV, LLC	
ву: / Я/)	
Name: Gianni Ottaviano	
(New General Partner)	
Signature(s) of all new or dissociating general p	partner(s), if any:
INTERSTATE REALTY HOLDINGS XXIV, LLC	EMPIRIAN LEXFORD GP NEW 2, LLC
By: Jed #7	By: Telup Mafagaslice
Name: Gianni Ottaviano	Name: Max Profesorske
(New General Partner)	(Dissociating General Partner)
Filing Fee: \$52.50 Certified Copy (optional): \$52.50 Certificate of Status (optional): \$8.75	

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