Florida Department of State Division of Corporations

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(((H15000225344 3)))



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LP/LLLP AMENDMENT/RESTATEMENT/CORRECTION GRANDEVILLE AT ORCHID PARK, LLLP

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H-SEP 21 2015

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FAX AUDIT NO: H15000225344 3

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

			PARK, LLI Department of Sta		
Pursuant to the provisions of section 62 limited liability limited partnership, who was adopted the following certificate of americans	ose cert signed F	ificate was file Iorida docume	d with the Plori nt number	da Department o 47-182174	of State on
This amendment is submitted to amend the	following	g:			
A. If amending name, enter the new namere:	ne of the	limited partne	rship or limited	liability limited	nartnership
GRANDEVILLE A	T ANC	ORA INTE	RNATIONAL	LLLP	
Acceptable Limited Partnership suffixes: Limite Acceptable Limited Liability Limited Partnershi	d Pariner p suffixes	whip, Limited, L.F : Limited Liability	., LP, or Ltd. Limited Partners	hip, L.L.P. or I.I.l	
B. If amending mailing address and/opticipal office address here:	or princ	ipal office add	ircss, <u>enter ne</u> v	y mailing addre	ess and/or
New Principal Office Add (Must be STREET address)	rcsa;	N/A			- -
New Mailing Address: (May be past office bax)		N/A			er Services
C. If amending the registered agent and/ new registered agent and/or the new regist Name of New Registered Agent:	or regist ered offi N/A	ered office add	ress on our reco	ords, <u>enter the n</u>	7 18 1782
New Registered Office Address:		Enter	Florida street ad	dress	M 8:2
	···	City		la Zip Code	228

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#336 P.003/004

FAX AUDIT NO: H15000225344 3

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	Name	<u>Address</u>	Type of Action
No. of the last of			Add Remove
			Add Remove
**************************************			Add Remove
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			Add Remove
	artnership or limited liability " status, entor change here:	limited partnership is smend	ling its "limited llability
This Limited	Partnership hereby elects to be	a "Limited Liability Limited Par	rtnership."

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

This Limited Partnership hereby removes its "Limited Liability Limited Partnership" status.

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	heets, if necessary.)		
N/A			
			
ffective date, if other than the date of filing: Herive date cannot be prior to nor more than 90 days after the date this document is filed by the late.)	Florida Department of		
ur.,			
enature(s) of a general partner or all general partners*:			
NOTE: Only one current general partner is required to sign this document unless the limited partnership." election statement. Chapter 620, F.S., requires all	urcrship is adding or general partners to sign		
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