orida Department of

Division of Corporations Electronic Filing Cover Sheet

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LP/LLLP AMENDMENT/RESTATEMENT/CORRECTION MAYFIELD PLACE, LTD.

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Corporate Filing Menu

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NOV 1 3 2014

T. BROWN

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

		OF			-02
M	layfield	l Place, Ltd.		Just 1	40
Insert name curren	itly on file	with Florida Departm	ent of State		1. 7. 1. 1.
Pursuant to the provisions of section 620.1 limited liability limited partnership, whose September 25, 2014, assignadopts the following certificate of amendments.	e certific ned Flor	ate was filed with (he Florida De berA1	partment of State 4000000514	on
This amendment is submitted to amend the foll	lowing:				
A. If amending name, <u>enter the new name</u> <u>here</u> :	of the li	mited partnership o	r limited liabil	ity limited partners	ship
New name must be di	stinguish	able and contain an acc	eptable suffix.		-
Acceptable Limited Partnership suffixes: Limited is Acceptable Limited Liability Limited Partnership s B. If amending mailing address and/or principal office address here:	suffixes: L	imited Liability Limited	l Partnership, L.		<u>/or</u>
New Principal Office Addre (Must be STREET address)	<u>ess:</u>				
New Mailing Address: (May be post office box)					
C. If amending the registered agent and/one of the new registered agent and/or the new register			n our records,	enter the name of	the
Name of New Registered Agent:	_Dway	yne Gray		<u></u> .	
New Registered Office Address:	315 E	. Robinson Street	, Suite 600 la street addres		
		Orlando	, Florida	32801	

Page 1 of 3

City

Zip Code

E.

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 genera	l partner(s),	enter the name	and business	address of each	ch general	partner	being
<u>adc</u>	ded or removed from our	records:						

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>G</u> P	Jonathan Wolf	1105 Kensington Park Dr. Altamonte Springs, FL 32714	Add Remove
GP	Mayfield Place GP, LLC	1105 Kensington Park Dr. Ste. 200, Altamonte Springs, FL 32714	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
	partnership or limited liabilit hip" status, enter change here:	y limited partnership is amen	iding its "limited liability
This Limite	ed Partnership hereby elects to be	a "Limited Liability Limited P	artnership."
This Limite	ed Partnership hereby removes it	s "Limited Liability Limited Par	rtnership" status.
NOTE: Hadding	or removina" limited lighility limited t	artnershin" status all general nartn	ars must sign this amendment.)

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(((H14000263748 3)))

-	
ffective date, if other than the date of filing:	
ffective date cannot be prior to nor more than 90 days after the di ate.)	ate this document is filed by the Florida Department of
construents of a gamenal master or all gamenal master	*.
ignature(s) of a general partner or all general partn	
NOTE: Only one current general partner is required to sign this emoving a "limited liability limited partnership" election statement	t. Chapter 620, F.S., requires all general partners to sig
hen adding of removing a "limited liability limited partnership" el	lection statement.)
()	
Jonathan L Wolf	
ignature(s) of all new or dissociating general partne	r(s), if any:
Jm/	and (
Jonathan L. Wolf	Jonathan L Wolf
Manager of Mayfield Place GP, LLC	
Filing Fee: S52.50	