Division of Corporations Electronic Filing Cover Sheet

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> > (((H14000263767 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ZIMMERMAN, KISER, & SUTCLIFFE, P.A

Account Number: I19990000006

Phone

: (407)425-7010

Fax Number

: (407)425-2747

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

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

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

Electronic Filing Menu

Corporate Filing Menu

Help

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP

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CERT	TFICATE OF AMENDM	ENT	MINO 12 PA 2: 32	
	TO		1 20% 16 T	•
CERTIFICA	ATE OF LIMITED PART	NERSHIP		1
	OF		ASTON CO	` ⊘
•	Thornton Place, Ltd.		The state of the s	
Insert name cur	rently on file with Florida Depart	ment of State	, 20° 4°)
			(3.7) K	3
Pursuant to the provisions of section 620 limited liability limited partnership, who October 2, 2014, ass	ose certificate was filed with signed Florida document nu	n the Florida De mber A	ed partnership or epartment of State on 1400000530	
adopts the following certificate of amen	dment to its certificate of li	mited partnersh	ip.	
This amendment is submitted to amend the f	Tollowing:			
A. If amending name, <u>enter the new nam</u> <u>here</u> :	ne of the limited partnership	or limited liabi	lity limited partnership	
New name must be	distinguishable and contain an a	cceptable suffix.		
Acceptable Limited Partnership suffixes: Limite Acceptable Limited Liability Limited Partnershi	d Parinership, Limited, L.P., LP, ip suffixes: Limited Liability Limi	or Ltd. ted Partnership, L	.L.L.P. or LLLP.	
B. If amending mailing address and/oprincipal office address here:	or principal office address	, enter new ms	ailing address and/or	
New Principal Office Add (Must be STREET address)	iress:			
New Mailing Address: (May be post office box)	4			
C. If amending the registered agent and new registered agent and/or the new regis		on our records	, enter the name of the	
Name of New Registered Agent:	Dwayne Gray	·		
New Registered Office Address:	315 E. Robinson Stree	et, Suite 600		
	Enter Flor	ida street addres	<u></u>	
	Orlando	, Florida	32801	
	City		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

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

<u>Title</u> <u>Name</u>	Address	Type of Action
GP Jonathan Wolf	1105 Kensington Park Dr. Altamonte Springs, FL 32714	Add Remove
GP Thornton Place GP, LLC	1105 Kensington Park Dr. Ste, 200, Altamonte Springs, FL 32714	Add Remove
		_ Add _ Remove
E. If the limited partnership or limited liability limited partnership" status, enter change here: This Limited Partnership hereby elects to be		

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(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.

r. Il amending any other information, enter chai	nge(s) here: (Attach additional sheats, if necessary.)
Effective date, if other than the date of filing:	the date this document is filed by the Florida Department of
Signature(s) of a general partner or all general pa	artners*:
*NOTE: Only one current general partner is required to sign emoving a "limited liability limited partnership" election state when adding or removing a "limited liability limited partnership"	ement. Chapter 620, F.S., requires all general partners to sign
Jonathan L. Wolf	
Signature(s) of all new or dissociating general pa	rtner(s), if any:
Jonathan I Wolf Manager of Thornton Place GP, LLC	Jonathan I. Wolf
	ZOIL NOV
	AHE O
Filing Fee: \$52.50 Certified Copy (optional): \$52.50 Certificate of Status (optional): \$8.75	12 PR
·• /	PH 2: 32 OF STATE EE, FLORIDA

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