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Florida Department of State

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Division of Corporations

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From:

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Account Number : I19990000006

Phone : (407)425-7010

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CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP

Ltd.	~ ~
Department of State	ស៊ា
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n an acceptable suffix.	
P., LP, or Ltd. y Limited Partnership, L.L.L.P. or LLLP.	
dress, enter new mailing address	and/or
dress on our records, <u>enter the nar</u> e:	ne of the
er Florida street address	
Zip Code	
	s, this Florida limited partnership of with the Florida Department of S at number

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
<u>G p</u>	Jonathan Wolf	1105 Kensington Park Dr. Altamonte Springs, FL 32714	Add Remove
GP	Winchester Place —GP, LLC	1105 Kensington Park Dr., Ste. 200. Altamonte Springs, FL 32714	Remove
			Add NOV
			REMOVE 22
			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 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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ffective date, if other than the date of filing:	
Effective date cannot be prior to nor more than 90 days after the date this docu tate)	
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	D.F. Gr
Signature(s) of a general partner or all general partners*:	
Jonathan L. Wolf	
Signature(s) of all new or dissociating general partner(s), if an	<u>Y</u> :
m/	M
JonatMan L. Wolf Manager of Winchester Place GP, LLC ——————————————————————————————————	than L Wolf
Filing Fee: \$52.50 Certified Copy (optional): \$52.50	