Mar. 19. 2015

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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TO:

Division of Corporations

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: (850)617-6383

From:

Account Name : SAXON, GILMORE, CARRAWAY, GIBBONS, LASH & WILCOX, P.A.

Account Number : I20030000134 Phone

: (813)314-4500

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

Email Address:

jchack-on@saxongilmore.com

LP/LLLP AMENDMENT/RESTATEMENT/CORRECTION WEST RIVER PHASE IA, LP

 σ

Certificate of Status	I
Certified Copy	1
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Electronic Filing Menu

Corporate Filing Menu

Help

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Tallahassee, FL 32301

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COVER LETTER

TO: Registration Section Division of Corporations		•
SUBJECT: West F	River Phase IA, LP	
	ership or Limited Liability Limited Partnership	_
The enclosed Certificate of Amendment and	fee(s) are submitted for filing.	
Please return all correspondence concerning	this matter to:	
Jozette V. Chack-On, Esq Contact Person	·	
****	ο Α	
Saxon Gilmore & Carraway, I	F.A	
201 E. Kennedy Blvd., Suite	600	
Address		
Tampa, FL 33602	· .	
City, State and Zip Code		
jchack-on@saxongilmore.c		
E-mail address: (to be used for future annual re	eport notification)	
For further information concerning this mat	tter, please call:	
Jozette V. Chack-On, Esq.	at (813) 314-4519	
Name of Contact Person	Area Code and Daytime Telephone Number	
Enclosed is a check for the following amou	int:	
\$52.50 Filing Fee S61.25 Filing Fee and Certificate of Status	\$105.00 Filing Fee and Certified Copy Certified Copy, and Certificate of Status	
STREET ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations P. O. Box 6327	
Clifton Building 2661 Executive Center Circle	Tallahassee, FL 32314	

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CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

	OF		
West Rive	er Phase IA, L	.Þ	
Insert name currently on fi	ile with Florida Depa	rtment of State	
Pursuant to the provisions of section 620.1202, F limited liability limited partnership, whose certificate of amendment to	icate was filed wi orida document n	th the Florida Department of Statumber A1400000732	e on
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the here:	limited partnersh	ip or limited liability limited partn	ership
	r Phase 1A, L		
New name must be distinguis	shable and contain an	acceptable suffix.	
Acceptable Limited Partnership suffixes: Limited Partners Acceptable Limited Ltability Limited Partnership suffixes:	Limited Liability Li	mited Partnership, L.L.L.P. or LLLP.	d/o
B. If amending mailing address and/or princ principal office address here:	apai oince addre	ss, enter new mailing address a	<u>na/or</u>
New Principal Office Address:			2015
(Musi be STREET address)			ᇎ
	<u> </u>	27 S. C.	
New Mailing Address: (May be post office box)			19
			œ
C. If amending the registered agent and/or regis new registered agent and/or the new registered off	stered office addre fice address bere:	ess on our records, enter the name	of the
Name of New Registered Agent:			
New Registered Office Address:			
	Enter F	Torida street address	
		, Florida	
	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>	Name	<u>Address</u>	Type of Action
G	West River Phase IA,LLC	5301 W. Cypress Street Tampa, FL 33607 U.S.	Add ☑ Remove
G	THA West River Phase 1A,LLC (Doc. No. L1400019303)	5301 W. Cypress Street Tampa, FL 33607 U.S.	Add Remove
			Add Remove
			Add Remove
			_ Add _ Remove
			_
limited partn	ited partnership or limited liability ership" status, enter change here: mited Partnership hereby elects to be	•	-
	mited Partnership hereby removes its	·	-
	ing or removing" limited liability limited po	•	-

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ATTERED TRANSPORTATION OF THE PROPERTY OF THE

	•
Effective date, if other than the date of filing:	
Effective date cannot be prior to nor more than 90 days	s after the date this document is filed by the Florida Department of
tate,)	
ignature(s) of a general partner or all gene	ral partners*:
*NOTE: Only one current general partner is required	to sign this document unless the limited partnership is adding or
emoving a "limited liability limited partnership" election when adding or removing a "limited liability limited par	on statement. Chapter 620, F.S., requires all general partners to sign rtnership" election statement.)
	五型 基 T
	SSE TO F
)	φ
Signature(s) of all new or dissociating gener	ral partner(s), if any:
~ 1 ~	
Reng !	Jean M.
Jerome D. Ryans, Secretary Tampa Housing Authority Development Cor	Jerome D. Ryans, Seeretary rp. Tampa Housing Authority Development Corp.
as Member of West River Phase IA, LLC	as Member of THA West River Phase 1A, LLC
(General Partner)	(General Partner)
Filing Fee: \$52.50	

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