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Division of Corporations

Fax Number : (850)617-6383

From:

: STEARNS WEAVER MILLER WEISSLER ALHADEFF & SITTERSON

Account Number : I20060000135 Phone : (305)789-3200 : (305)789-4137 Fax Number

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

jryan@norstarus.com Email Address:

LP/LLLP AMENDMENT/RESTATEMENT/CORRECTION HERITAGE OAKS, LLLP

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CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

31

HERITAGE OAKS, LLLP		
Insert name currently on	file with Florida Departs	nent of State
Pursuant to the provisions of section 620.1202, limited liability limited partnership, whose certificates assigned F adopts the following certificate of amendment to	ficate was filed with lorida document nun	the Florida Department of State of the A.(50000000)5
This amendment is submitted to amend the following		
		no a superior de la latina de la compansión de la compans
A. If amending name, enter the new name of the here:	limitéd partnéishió	or limited liability.limited partnership
nere.	t	
New name must be distingui	shable and contain an ac	ceptable suffix.
Acceptable Limited Partnership suffixes: Limited Partner Acceptable Limited Liability Limited Partnership suffixes	rship, Limited, L.P., LP, 1: Limited Liability Limit	or Ltd. ed Partnership, L.L.L.P. or LLLP.
B. If amending mailing address and/or principal office address here:	cipal office address	enter new mailing address and/or
New Principal Office: Address: (Muss be STREET address)	, <u>, , , , , , , , , , , , , , , , , , </u>	
New Mailing Address: (May be post office box)		
C. If amending the registered agent and/or registered agent and/or the new registered office a	ered office address on address bere:	our records, enter the name of the gev
Name of New Registered Agent:	A COLUMN COMPANY OF THE COLUMN	
New Rogistered Office Address:		
A STATE OF THE PARTY OF THE PAR	Enter Flor	ida street address
	<u>.=6.,</u>	Florida
	City	Zip Code

New Registered Agent's Stemature dichanging 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.

imending or remove	the general partner(s), enter the	name and business address	of each general partoes
<u>fitle</u>	<u>Name</u>	Address	Type of Action
GP.	Norstar Heritage Oaks, Inc.	200 South Division Street Buffalo, NY 14204	☐ Add ☐ Remove
<u>ЭР</u>	Newstar Heritage Oaks, Inc.	3629 Madaca Lane Tampa, FL 33618	Add □ Remove
	:		□ Add □ Remove
			☐ Add ☐ Remove
·		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	☐ Add ☐ Remove
			☐ Add

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

	The state of the s
	- · · · · ·
Tective date, if other than the date of filing:	ter the date this document is filed by the Florida Department of
factive date cannot be prior to nor more than 90 days of	ter the date this document is filed by the elorua popularing
ite.) If the date inserted in this block does not meet the ap-	plicable statutory filing requirements, this date will not:
ite: If the date inserted in this block thes had most apparatus.	of diffe a records
custore(s) of a general partner or all genera	t partners.
• •	
moving a "limited liability (imited partnership cleaning) and included partnership and included partnership in the partnership	ership" election statements)
	Signed by:
teritage Oaks, LLC	Signed by:
Heritage Oaks, LLC	Name: Debra Johnson
Heritage Oaks, LLC	
Heritage Oaks, LLC	Name: Debra Johnson
	Name: Debra Johnson
	Name: Debra Johnson
	Name: Debra Johnson
ignature(s) of all new or dissociating sential	Name: Debra Johnson
	Name: Debra Johnson partmer(s), Uany: Signed by:
lenature(s) of all new or dissociating seneral Norstar Heritage Oaks, Inc.	Name: Debra Johnson partmer(s), Uany: Signed by:
lenature(s) of all new or dissociating general Norstar Heritage Oaks, Inc.	Name: Debra Johnson partmer(s), Uany: Signed by:
lenature(s) of all new or dissociating seneral Norstar Heritage Oaks, Inc.	Name: Debra Johnson Signed by: Name Richard L. Higgins/VP of GP Signed by:
Jenature(s) of all new or dissociating general Norstar Heritage Oaks, Inc. Newstar Heritage Oaks, Inc.	Name: Debra Johnson partnerfs Uanv Signed by: Name little: Richard L. Higgins/VP of GP
Jenature(s) of all new or dissociating general Norstar Heritage Oaks, Inc. Newstar Heritage Oaks, Inc.	Name: Debra Johnson Signed by: Name/Rile: Richard L. Higgins/VP of GP Signed by: Name/Title: Brian Evjen/Manager