Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H190001368173)))



H190601368173ABC3

To: From:	will generate another Division of Corporations Fax Number : (850)617-63 Account Name : C T CORPORA Account Number : FCA00000000	383 ATION SYSTE		A CO	APR 25	
**F7522 1	Phone : (614)280-33 Fax Number : (954)208-08	335 345		با برن رنبا	AM 8: 2	
	he email address for this busi ual report mailings. Enter only il Address:				ture 🗪	
annı Emai	ual report mailings. Enter only	y one email	address r	olease.**	cure o	
annı Emai	al report mailings. Enter onling Address: CLLLP AMENDMENT/REST	y one email	address r	olease.**	· · · · · · · · · · · · · · · · · · ·	
annı Emai	al report mailings. Enter onling Address: CLLLP AMENDMENT/REST APV APARTM	y one email	address r	olease.**	Mar.	
annı Emai	Certificate of Status	y one email	address r	olease.**	· · · · · · · · · · · · · · · · · · ·	، د به

PLEASE KEEP ORIGINAL FILE DATE 4/25/2019, EVIDENCE NOT YET RECEIVED. FILE ASAP

Electronic Filing Menu

Corporate Filing Menu

Help

2 OF 2, DO NOT REJECT, FILE SECOND WITH 19000136801 3 FIRST

.....

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

APV Apartinents, LP	, k.
Insert name currently on	file with Florida Department of State
limited liability limited partnership, whose cert	Florida Statutes, this Florida limited partnership or ificate was filed with the Florida Department of State on Florida document number A15000000153
adopts the following certificate of amendment (to its certificate of limited partnership.
This amendment is submitted to amend the following	g;
A. If amending name, enter the new name of the here:	e limited partnership or limited liability limited partnership
New name must be distingu	ishable and contain an acceptable suffix.
Acceptable Limited Partnership suffixes: Limited Partner Acceptable Limited Liability Limited Partnership suffixes	rship, Limited, L.P., LP, or Ltd. s: Limited Liobility Limited Partnership, L.L.L.P. or LLLP.
B. If amending mailing address and/or princ principal office address here;	cipal office address, enter new mailing address and/or
New Principal Office Address:	1603 LBJ Freeway, Suite 800
(Must be STREET address)	Dallas, Texas 75234
New Mailing Address: (May he post office box)	1603 LBJ Freeway, Suite 800 Dallas, Texas 75234
C. If amending the registered agent and/or regis new registered agent and/or the new registered off	stered office address on our records, enter the name of the fice address here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address

New Registered Agent's Signature, if changing Registered Agent:

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisious of all statutes relative to the proper and complete performance of my duties, and two 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	Name	Address	Type of Action
	WPD Tallahassee GP, LLC	2010 Valley View Lane Suite 130 Dallas, Texas 75234	□ Add ⊠ Remove
	Apalachee Point GP, LLC.	Suite 800 Dallas, Texas 75234	© Add M19 - 4215 □ Remove
			□ Add □ Remove
woodstate to us and			∐ Add □ Remove
			□ 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 Partnersh	iip.'
---	---	-------

tNOTE: If adding or comoving" limited liability limited partnership" status, all general partners must sign this amendment.)

This Limited Partnership hereby removes its "Limited Liability Limited Partnership" status.

F. If amending any other information, c	enter change(s)	here: (Attach addition	nal sheets, if necessary.)
<u> </u>	***************************************	·····	
	·	- · · · · · · · · · · · · · · · · · · ·	
Effective date, if other than the date of filing Effective date cannot be prior to nor more than 90 cate.) inter If the date inserted in this block does not meet a listed as the document's effective date on the Dep	days after the date the applicable su	stutory filing requiremen	
iignaturc(s) of a general partner or all ge	eneral partner	<u>s*:</u>	
*NOTE: Only one convent general partner is requiremoving a "limited liability limited partnership" election adding or removing a "limited liability limited	ction statement.	Chapter 620, F.S., requi-	ed partnership is adding or res all general partners to sign
WPD Tallahassee GP, LLC,			
ts General Partner	•		
34: / pt c	-		
Jarrett R. Woods, Sole Member	-		
ignature(s) of all new or dissociating gen	- ieral partner(s	i), if any:	
			
	-		
June T. Hws	-		
RAM SHITTER TO THE STATE OF THE	-		
	***		019 A
filing Fee: \$52.50 Certified Copy (optional): \$52.50 Certificate of Status (optional): \$8.75			APR 25 AM I
			8: 20 , FL
	Page 3 of 3		r: 6