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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SHUTTS & BOWEN, LLP

Account Number : 076447000313

: (305)358-9166 Phone : (305)347-7766 Fax Number

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

Email Address: RCheng@shutts.com

LP/LLLP AMENDMENT/RESTATEMENT/CORRECTION EQUALITY PARK, LTD.

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CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP \mathbf{OF}

EQUALITY P.	ARK, LTD.
insen name currenay on n	ne with Fibrida Department of State
limited liability limited partnership, whose certifi 10/29/2015 , assigned Flo	Florida Statutes, this Florida limited partnership or icate was filed with the Florida Department of State on orida document number A15000000708
adopts the following certificate of amendment to	its certificate of limited partnership.
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the	limited partnership or limited liability limited partnership
<u>here</u> :	
EQUALITY PARK, LLLP	
New name must be distinguis	hable and contain an acceptable suffix.
Acceptable Limited Partnership suffixes: Limited Partners Acceptable Limited Liability Limited Partnership suffixes:	Limited Liability Limited Partnership, L.L.L.P. or LLLP.
B. If amending mailing address and/or principal office address here:	ipal office address, enter new mailing address and/or
New Principal Office Address:	
(Must be STREET address)	
New Mailing Address:	
(May be post office box)	<u> </u>
C. If amending the registered agent and/or regis	tered office address on our records, enter the name of the
new registered agent and/or the new registered off	ice address here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida 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:

Title	Name	Address	Type of Action		
GP C4 Equality	C4 Equality, LLC	1398 SW 1ST ST 12TH FLOOR MIAMI, FL 33135	Add ☐ Remove		
<u>GP</u>	Carrfour Supportive Housing, Inc.	1398 SW 1ST ST 12TH FLOOR MIAMI, FL 33135	Add N93-642 Remove		
			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 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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F. If amending any other inform	nation, en	iter change(s) h	ere: (Attach	additional sl	heets, if nece	ssary.)
				_		
					· · · · · · · · · · · · · · · · · · ·	
						·
						
Effective date, if other than the date (Effective date cannot be prior to nor more State.) Note: If the date inserted in this block does be listed as the document's effective date of the state of the	than 90 de a not meet t	ays after the date the applicable sta	tutory filing re			
Signature(s) of a general partner	or <u>all ge</u>	neral partner	<u>5*:</u>			
(*NOTE: Only one current general partner removing a "limited liability limited partne when adding or removing a "limited liabili	ership" elec	ction statement. (Chapter 620, F.	.S., requires a	rtnership is ad Il general par	dding or Iners to sign
Deploine Decision	<u>-</u>	-				
		<u>-</u>	- <u></u>	_		
		_				
		_				
Signature(s) of all new or dissociate	iting gen	ieral partner(:	s), if any:			
Duplaine Deman						
Mystella Manne						
		-				
						2019
					<u> </u>	19 APR
Filing Fee: Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$52.50 \$8.75				ÁHÁSSEE	% −2 AM
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