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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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LER 27 2017 J. HARRIS

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: The Dalms of Deckeral Apartments, LLL  Name of Florida Limited Partnership 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:
David N. Torces, Esto.  Contact Person  Chert Dovay + Ezrol, Ph  Firm/Company  3099 E. Commercial Blud., # 200  Address  Tort Lauderdale, Fl 37308  City, State and Zip Code  CHOICES C Gity atty. Commercial address: (to be used for future annual report notification)
For further information concerning this matter, please call:  David N. Toles at 954 71-4500  Name of Contact Person Area Code and Daytime Telephone Number  Enclosed is a check for the following amount:
\$52.50 Filing Fee S61.25 Filing Fee and Certificate of Status S105.00 Filing Fee Certified Copy, and Certificate of Status
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301  MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

## CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

		ld Apartments			
Insert name currer	ntly on file w	ith Florida Departmer	it of State		
Pursuant to the provisions of section 620. limited liability limited partnership, whose November 5, 2015, assig	e certificate	was filed with th	e Florida D	epartment of State on	
adopts the following certificate of amendr					
This amendment is submitted to amend the following	lowing:				
A. If amending name, <u>enter the new name</u> <u>here</u> :	of the limit	ed partnership or	limited liab	lity limited partnershi	P
New name must be di	istinguishable	and contain an accep	table suffix.		
Acceptable Limited Partnership suffixes: Limited I Acceptable Limited Liability Limited Partnership s				.l.,lP. or l.l.l.P.	
B. If amending mailing address and/or principal office address here:	principal	office address, <u>er</u>	iter new m	ailing address and/o	r
New Principal Office Addre	.cc.			7	•
(Must be STREET address)				<b></b>	1
				2	: ~ : ~
New Mailing Address:	_			PHIZ: 5	; [
(May be post office box)	-				) !
	_				;
C. If amending the registered agent and/or new registered agent and/or the new register			our records	, enter the name of th	<u>e</u>
Name of New Registered Agent:	David N.	Tolces		<del></del>	
New Registered Office Address:	3099 E.	Commercial Blvo Enter Florida		is .	
	For	t Lauderdale	Florida _	33308	
		City:	, 1-101104 _	Zin Code	

## 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 na	me and	business	address	of each	general	partner	being
ade	led or removed from our records:								

<u>Title</u>	<u>Name</u>	Address	Type of Action		
	Tacolcy Palms GP, LLC	675 NW 56th Street Building C Miami, FL 33127	Add Remove		
	DBHA Palms GP, LLC	533 S. Dixie Highway Suite 201 Deerfield Beach, FL 3344	Add Remove		
	Deerfield Beach Family Empowed To Tuc.	533 S. Dixie Highway Suite 201 Deerfield Beach, FL 3344	Add Remove		
			Add Remove	17 APR 24	1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00
			Add Remove	4 PH 12: 57	1875-6990 MS-10-AN
			Add Remove	57	SE SE
	ed partnership or limited liabilit ship" status, enter change here:	y limited partnership is amend	ling its "limite	d liat	oility
This Limi	ited Partnership hereby elects to be	a "Limited Liability Limited Pa	rtnership."		

(NOTE: If adding or removing" 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, enter change(s) here: (Attach ad	,
ffective date, if other than the date of filing:	filed by the Florida Department of
ignature(s) of a general partner or all general partners*:	
NOTE: Only one current general partner is required to sign this document unless the moving a "limited liability limited partnership" election statement. Chapter 620, F.S., hen adding or removing a "limited liability limited partnership" election statement.)	limited partnership is adding or requires all general partners to sign
du Ne wood mitchell	
in Bottak & Dreston Back _ Find by Epoworphut, Lic.	
gnature(s) of all new or dissociating general partner(s), if any:	
Curel gardner du Ne /	words Mitchell of orth mins GP, LLC
	7
	APR 24
lling Fee: \$52.50 ertified Copy (optional): \$52.50	
ertificate of Status (optional): \$8.75	PH 12: 8