A1600000056

| (Re | questor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

| BridgeWell Preferred Income Fund LP | |
|---|---|
| Insert name currently | on file with Florida Department of State |
| limited liability limited partnership, whose ce 1/25/2016 , assigned | 02, Florida Statutes, this Florida limited partnership or ertificate was filed with the Florida Department of State on d Florida document number A16000000056 |
| adopts the following certificate of amendmen | nt to its certificate of limited partnership. |
| This amendment is submitted to amend the follow | ving: |
| A. If amending name, enter the new name of there: | the limited partnership or limited liability limited partnership |
| BridgeWell Preferred Income LP | |
| | nguishable and contain an acceptable suffix. |
| | rincipal office address, enter new mailing address and/or |
| C. If amending the registered agent and/or renew registered agent and/or the new registered | egistered office address on our records, <u>enter the name of the</u> loffice address here: |
| Name of New Registered Agent: | |
| New Registered Office Address: | Enter Florida street address |
| | . Florida |
| - | City Zip 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 name | and | business | address | of each | general | partner | being |
|------------|-------------------------|-------------|---------|----------|-----|----------|---------|---------|---------|---------|-------|
| <u>ade</u> | led or removed from our | records: | | | | | | | | - | |

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|-------------|---------|-------------------|
| | | | □ Add □ Remove |
| | | | |
| ** | | | Add Removes |
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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.)

| F. If amending any other info | rmation, er | nter change(s | s) here: (Attach additional sheets, if necessary.) |
|--|------------------------------------|------------------------------------|---|
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| Effective data if other than the det | to of filing | | <u>۾ ئي</u> |
| Effective date, if other than the dat (Effective date cannot be prior to nor mos State.) | | | ate this document is filed by the Florida Department of statutory filing requirements, this date will not |
| • | | | statutory filing requirements, this date will not e's records. |
| Signature(s) of a general partner | r or all ge | neral partn | ers*: |
| removing a "limited liability limited parts when adding or removing a "limited liabi | nership" electrical lity limited p | ction statement partnership" el | |
| | | | Preferred Ford Manger UC |
| | | | |
| Signature(s) of all new or dissoci | ating gen | eral partne | r(s), if any: |
| | <u>.</u> | | |
| | | | |
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| | | | |
| Filing Fee: Certified Copy (optional): Certificate of Status (optional): | \$52.50 \$52.50 \$8.75 | | |