Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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LP/LLLP AMENDMENT/RESTATEMENT/CORRECTION DR. ALICE MOORE APARTMENTS, LLLP

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

DR. ALICE <u>MOO</u>	DRE APARTMENTS, LLLP	
Insert name currently o	on file with Florida Department of State	
limited liability limited partnership, whose cer March 25, 2016 assigned	2, Florida Statutes, this Florida limited partnership or entificate was filed with the Florida Department of State of Florida document number A1600600162	ი _
adopts the following certificate of amendment	it to its certificate of limited partnership.	
This amendment is submitted to amend the following	ing:	
A. If amonding name, enter the new name of the here:	the limited partnership or limited liability limited partnersh	<u>hip</u>
New name must be disting	guishable and contain an acceptable suffix.	5
Acceptable Limited Partnership suffixes: Limited Partn Acceptable Limited Liability Limited Partnership suffix	incrship, Limited, L.P., LP, or Ltd. ixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.	LO 1998 20g
B. If amending mailing address and/or principal office address here:	incipal office address, enter new mailing address and/	平
New Principal Office Address: (Must be STREET address)	FLORIES CONTRACTOR OF THE PROPERTY OF THE PROP	N 8: 96
New Mailing Address: (May be post office has)		;
C. If amending the registered agent and/or re- new registered agent and/or the new registered of	egistered office address on our records, enter the name of office address here:	the
Name of New Registered Agent:		
New Registered Office Address:	Enter Fiorida street address	
	. Florida	
	City Zip Coxle	

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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
<u>GP</u>	Carriour Supportive Housing, Inc.	1398 SW 1st Street 12th Floor Miami, FL 33135	
<u>GP</u>	<u>C</u> ⁴ AMA, LLC	1398 SW 1st Street Miami, FL 33135	— ☐ Add ☐ Realove
·			Add Removed 20
- 			- CAN TO B
			Add Remove
			U Add Q Remove

- F. 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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gnature(s) of all new or dissociating general partner(s), if any: ling Fee: S52.50		<u> </u>		
incline date cannot be prior to nor more than 90 days after the date this document is filled by the Florida Department of text. It the date inserted in this block does not meet the applicable statutory filing requirements, this date will not listed as the document's effective due on the Department of State's records. Anature(s) of a general partner or all general partners*: OTE: Only one current general partner is required to sign this document unless the limited partnership is adding or nowing a "limited liability limited partnership" election statement. Chapter 620, F.S., requires all general partners to sign and the Banad President Anature(s) of all new or dissociating general partner(s), if any: One of all new or dissociating general partner(s), if any:				
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chable Berman, Authorized Representative Constitute(s) of all new or dissociating general partner(s), if any: Sing Fee: SS2.50	en adding or removing a "limited liability is	mitod pertnership" electi	on statement)	
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