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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : BLALOCK, WALTERS, HELD & JOHNSON, P.A.

Account Number : 076666003611 Phone : (941)748-0100

: (941)745-2093 Fax Number

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

LP/LLLP AMENDMENT/RESTATEMENT/CORRECTION VENICE ADC, LLLP

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
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JUN 23

2016 JUN 22 AM 8: 23 TALLAHASSEE. FLORIEN

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

| Venice Insert name currently on file | ADC, LLLP e with Florida Dep | | | |
|---|---|--|--|--|
| Pursuant to the provisions of section 620.1202, Fl limited liability limited partnership, whose certific 6/8/16, assigned Flor adopts the following certificate of amendment to i | ate was filed w | with the Florida Department of State on numberA16000000281 | | |
| his amendment is submitted to amend the following: | | | | |
| A. If amending name, <u>enter the new name of the li</u> here: | mited partners | ip or limited liability limited partnership | | |
| New name must be distinguished | able and contain a | n acceptable suffix. | | |
| Acceptable Limited Partnership suffixes: Limited Partnersh Acceptable Limited Liability Limited Partnership suffixes: L | | | | |
| B. If amending mailing address and/or princip principal office address here: | al office addre | ess, <u>enter new mailing address and/or</u> | | |
| New Principal Office Address: (Must be STREET address) | | | | |
| New Mailing Address: (May be post office box) | | | | |
| C. If amending the registered agent and/or registenew registered agent and/or the new registered office | red office addre <u>address here</u> : | ess on our records, enter the name of the | | |
| Name of New Registered Agent: | | | | |
| New Registered Office Address: | Enter F | lorida street address | | |
| | | , Florida | | |
| | City | Zip Code | | |

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2016 JUN 22 AM 8: 24
TALLAHASSEE, FLORIDA

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:

| GP GGR Investments, LLC 1001 3rd Avenue W. □ Add Suite 600 □ Remove Bradenton, FL 34205 ✓ Add GP NDC Venice ADC, LLC 1001 3rd Avenue W. ✓ Add Suite 600 □ Remove Bradenton, FL 34205 □ Add □ Remove □ Remove | | | | |
|--|--|--|--|--|
| Suite 600 Remove Bradenton, FL 34205 | | | | |
| T Paragraph | | | | |
| | | | | |
| Add Remove | | | | |
| Add Remove | | | | |
| AddRemove | | | | |
| 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.)

Ø1004/004

| | FILE |
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| | er change(s) here: (Attach additional shadis (Fricingsory.) HASSI OF S[A] |
| F. If amending any other information, enter | er change(s) here: (Attach additional shidts, if ricitossay) |
| | THASSIE FIAT |
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| iffective date, if other than the date of filing: | |
| Effective date cannot be prior to nor more than 90 day. State) | is after the date this document is filed by the Florida Department of |
| ignature(s) of a general partner or all gene | eral partners*: |
| | to sign this document unless the limited partnership is adding or on statement. Chapter 620, F.S., requires all general partners to sign rinership" election statement.) |
| Control of the second of the s | |
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| ignature(s) of all new or dissociating gener | al partner(s), if any: |
| and the second s | |
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| Certified Copy (optional): \$52,50 Certificate of Status (optional): \$8.75 | |