

# Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From.

Account Name : ZIMMERMAN, KISER, 1& SUTCLIFFE, P.A.

Account Number : I19990000006 Phone

; (407)425-7010

Fax Number

: (407)425-2747

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

dapay @ zkslawtiem.com

### LP/LLLP AMENDMENT/RESTATEMENT/CORRECTION CARISBROOKE TERRACE, LTD.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$52.50

Electronic Filing Menu

Corporate Filing Menu

Help

**S Warren** 

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#### COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Caris	sbrooke Terrace, Ltd.
Name of Florida Limited P	artnership or Limited Liability Limited Partnership
The enclosed Certificate of Amendment	and fee(s) are submitted for filing.
Please return all correspondence concern	ing this matter to:
N. Dwayne Gray, Jr., E	sq.
Contact Person	
Zimmerman Kiser Sutcliffe	ə, P.A
Firm/Company	
315 E. Robinson Street, St	uite 600
Address	
Orlando, FL 32801	
City, State and Zip Code	
dgray@zksiawfirm.co	om
E-mail address: (to be used for future annua	al report notification)
For further information concerning this n	natter, please call:
N, Dwayne Gray	at ( 407 ) 425-7010
Name of Contact Person	Area Code and Daytime Telephone Number
Enclosed is a check for the following am	ount:
\$52.50 Filing Fee and Certificate of Status	\$105.00 Filing Fee, and Certified Copy Certified Copy, and Certificate of Status
STREET ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building 2661 Executive Center Circle	P. O. Box 6327 Tallahassee, FL 32314
Tallahassee, FL 32301	t diminaged, I'D 32314

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# CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

Carisbro	oke Terrace, Lt			
insert mane currently on	r the with Fighted Depar	(ment of state		
Pursuant to the provisions of section 620.1202, limited liability limited partnership, whose cert 8/12/2016 , assigned F	ificate was filed wit Iorida document nu	h the Florida Imber	Department of S A16000000400	tale on
adopts the following certificate of amendment	to its certificate of l	imited partne	rship.	
This amendment is submitted to amend the following	8;			•
A. If amending name, enter the new name of the here:	e limited partnership	or limited li	ability limited par	tnership
New name must be distingu	ishable and contain an a	acceptable suffix	<del></del>	
Acceptable Limited Parmership suffixes; Limited Parme Acceptable Umited Liability Limited Parmership suffixe B. If amending mailing address and/or prin	s: Limited Liability Line	ited Parmership		and/or
principal office address here:				
Now Principal Office Address: (Musi be STREET nedress)				
New Mailing Address; (May be past office box)				
C. If amending the registered agent and/or regi new registered agent and/or the new registered of		S or our reco	rds, <u>enter the pan</u>	ne of the
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·		
New Registered Office Address:		<u></u>		
	Enter Flo	rida street add	2291	
waited-	City	, Florida	Zip Code	-71
	₫ <sup>′</sup>		M 29	

Page 1 of 3

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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 um familiar with and accept the obligations of my position as registered agent.

If Changing Registered Agent, Signature of New Reulstered Agent

D. If omending the general partner(s), enter the name and business address of each general partner being added or removed from our records:

<u>Title</u>	Name	Address	Type of Action
<u>GP</u>	SHA Carisbrooke Terrace, LLC	1213 West 13th Street Sanford, FL 32771	Add Remove
			Add Remove
			Add
*			Memory S
<del></del>			A D
www.		4	Add Reinove

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 information, enter change(	The Committee of the Co
	117
Effective date, if other than the date of filing: (Effective data countries prior to nor more than 90 days after the d State.)	late this document is filed by the Florida Department of
Signature(s) of a general partner or all general partner  **NOTE: Only one current general partner is required to sign this	
removing a "limited liability limited partnership" election statement when adding or removing a "limited liability limited partnership" e	t. Chapter 620, F.S., requires all general partners to sign
Carisbrooke Terrace GP. LLC	- Augustus - Marie - M
Bv: Www.	
Ionathan Wolf, Manager	45
ionattian woll manager	
Signature(s) of all new or dissociating general partne	er(s), if any;
SHA Carisbrooke Terrace, LLC	
By: Housing Authority of the City of Sanford, Florida	
Since City	
By: Vivian Bryant, President/CEO	
Filing Fee: \$52.50 Certified Copy (optional): \$52.50 Certificate of Status (optional): \$8.75	

Page 3 of 3 🧳

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