

Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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

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LP/LLLP AMENDMENT/RESTATEMENT/CORRECTION ROCHESTER PARK, LTD.

| Certificate of Status | 0 |
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| Certified Copy | 0 |
| Page Count | 06 |
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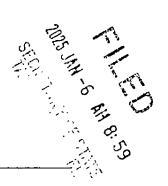
Corporate Filing Menu

Help

COVER LETTER

| TO: | Registration Se Division of Co | | | |
|--|---|---|--|--|
| SUBJ | ECT: ROCHEST | ER PARK, LTD. | | |
| | Nam | e of Florida Limited Partr | pership or Limited Liability | Limited Partnership |
| The er | iclosed Certifica | ate of Amendment and | d fec(s) are submitted for | or filing. |
| Please | return all corre | spondence concerning | g this matter to: | |
| | ROCHES 05 KEA | Contact Person Firm/Company Address FRANCE | K, LTD ARK DR SUI FL 32714 | 2025 JAH SEGRA 12. |
| City, State and Zip Code | | | | |
| E-mail address: (to be used for future annual report notification) E-mail report notification E-mail report notification E-mail report notification | | | | |
| For fu | ırther informatio | on concerning this ma | tter, please call: | ## 55 55 |
| RACHEL MUSE at (407) 333-323 Name of Contact Person Area Code and Daytime Telephone Number | | | 33-3233 me Telephone Number | |
| Enclo | sed is a check f | or the following amou | int: | |
| = \$ 52 | 2.50 Filing Fee | □\$61.25 Filing Fee and Certificate of Status | □\$105.00 Filing Fee and Certified Copy | \$113.75 Filing Fee, Certified Copy, and Certificate of Status |
| Regis Divis P.O. | ing Address: stration Section ion of Corporati Box 6327 hassee, FL 3231 | | Street Addre Registration 9 Division of C The Centre o 2415 N. Mon Tallahassee, | Section Corporations (Tallahassec Froe Street, Suite 810 |

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF



ROCHESTER PARK, LTD.

Insert name currently on file with Florida Department of State

| Pursuant to the provisions of section 620.1202, Florida Statutes, this Florida limited partnership or limited liability limited partnership, whose certificate was filed with the Florida Department of State of 9/23/2016, assigned Florida document number A16000000503 | | | | |
|---|---------------------|--|--|--|
| adopts the following certificate of amendment to its certificate of limited partnership. | | | | |
| This amendment is submitted to amend the following: | | | | |
| A. If amending name, <u>enter the new name of the li</u> <u>here</u> : | mited partnersh | p or limited liability limited partnership | | |
| New name must be distinguish | able and contain an | 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: | oal office addre | ss, enter new mailing address and/or | | |
| New Principal Office Address: (Must be STREET address) | | | | |
| New Mailing Address: (May be post office box) | | | | |
| C. If amending the registered agent and/or registere registered agent and/or the new registered office add | | on our records, <u>enter the name of the new</u> | | |
| Name of New Registered Agent: | | | | |
| New Registered Office Address: | Enter Fl | orida street address | | |
| | | | | |
| | City | Florida 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.

| <u>tle</u> | <u>Name</u> | Address | Type of Action |
|-------------|----------------------------|---|-------------------|
| iP | ROCHESTER PARK GP, LLC | 1105 KENSINGTON PARK DRIVE SUITE 200 ALTAMONTE SPRINGS, FL 32714 | ☐ Add ☐ Remove |
| P | BERKELEY ROCHESTER GP, LLC | 1105 KENSINGTON PARK DRIVE SUITE 200 'ALTAMONTE SPRINGS, FL 32714 | ■ Add □ Remove |
| | | | □ Add □ Remove |
| | | | |
| | | | |
| | | | C) D |

| effective date, if other than the date of filing: 12 | /27/2024 |
|--|---|
| itale.) | er the date this document is filed by the Florida Department of |
| Note: If the date inserted in this block does not meet the app to listed as the document's effective date on the Department | |
| · | |
| Signaturate) of a governal neutron and account | No estra com \$1 |
| ignature(s) of a general partner or all general | |
| *NOTE: Only one current general partner is required to si emoving a "limited liability limited partnership" election st when adding or removing a "limited liability limited partner | ign this document unless the limited partnership is adding or internent. Chapter 620, F.S., requires all general partners to signification statement.) |
| BERKELEY ROCHESTER GP, LLC, a Florida imited liability company | |
| By: Berkeley Housing Initiative, Inc., a Florida | |
| iot-for-profit corporation, its manager | |
| mei un Welle | |
| ulie Von Weller, Executive Director | |
| Signature(s) of all new or dissociating general j | partner(s), if any: |
| | |
| ROCHESTER PARK GP, LLC a Florida limited | BERKELEY ROCHESTER GP, LLC, a Florida limite liability company |
| · hu | By: Berkeley Housing Initiative, Inc., a Florida |
| Jonathan Wolf, Mahager | not-for-profit corporation, its manager |
| | Julie Von Weller, Executive Director |
| | |
| Filing Fee: \$52.50 | |
| Certified Copy (optional): \$52.50 Certificate of Status (optional): \$8.75 | |