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Division of Corporations Fax Number : (850)617-6383

Account Name : HTG UNITED, LIC Account Number : IQB196988094 Phone : (305)868-8188 : (305)\$68-8188 : (305)639-8427

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

Estail Address: glandab@htgf.cos

## LP/LLLP AMENDMENT/RESTATEMENT/CORRECTION-LAKE BEULAH, LTD.

	CALLET DECEMONS OF	
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MAR 17 2021

M. SOLOMON

## CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

Lake	Beulah, LTD.			
Insert name currently on	file with Florida De	partment of State	<del></del>	
Pursuant to the provisions of section 620.1202, limited liability limited partnership, whose cert 10/05/2016, assigned F	ificate was filed v	vith the Florida Department of	State on	
adopts the following certificate of amendment t				
This amendment is submitted to amend the following	<b>;</b> :			
A. If amending name, enter the new name of the here:	e limited partners	hip or limited liability limited p	artaershi	5
New name must be distingu	ishable and contain a	n acceptable suffix.		
Acceptable Limited Partnership suffixes: Limited Partne Acceptable Limited Liability Limited Partnership suffixe.			₽.	
B. If amending mailing address and/or print principal office address here:	cipal office addr	ess, <u>enter new malling addre</u>	ss and/or	_ ^3
New Principal Office Address: (Must be STREET address)				021 MAR 16
New Mailing Address: (May be post office box)			- 1955 - 1956 - 1956	AH IO: 14
C. If amending the registered agent and/or reginew registered agent and/or the new registered of		ess on our records, enter the n	ame of th	<u>e</u>
Name of New Registered Agent:			-	
New Registered Office Address:	Enter F	lorida 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.

<u>itle</u>	Name	Address	Type of Action	
<u>SP</u>	LHA WEST LAKE, LLC	430 HARTSELL AVE LAKELAND, FL 33815	Add Remove	
GP	<u>LHA TWIN LAKES II, LL</u> C	430 HARTSELL AVENUE LAKELAND, FL 33815	Add Remove	
			Add Remove	•
	<del></del>		Add Remove	7.737.7
			Add Remove	17 00 17 E
			Add Remove	
the limited	partnership or limited liability	/ limited partnership is amer	 uding its "limited	l liabi

fective date, if other than the date of filing:  fective date cannot be prior to nor more than 90 days after thate.)	re date this document is filed by the Florida Department of
gnature(s) of a general partner or all general pa	riners*:
NOTE: Only one current general partner is required to sign to moving a "limited liability limited partnership" election states then adding or removing a "limited liability limited partnership."	ment. Chapter 620, 1.5., requires an general parallels to the
<u> </u>	
-ii- Stavengen I NA West Lake II C	يه ا م
enjamin Stevenson, LHA West Lake, LLC	
	· · · · · · · · · · · · · · · · · · ·
gnature(s) of all new or dissociating general par	toer(s), if any:
	4
Benjamin Stevenson, LHA West Lake, LLC	Benjamin Stevenson, LHA Twin Lakes II, L
· · · · · · · · · · · · · · · · · · ·	
Filing Fee: \$52.50	
Certified Copy (optional): \$52.50 Certificate of Status (optional): \$8.75	