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To:

Division of Corporations

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From:

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Fax Number

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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. annual report mailings. Enter only one email address please.**

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LP/LLLP AMENDMENT/RESTATEMENT/CORRECTION DJMD LIMITED PARTNERSHIP

Certificate of Status	0
Certified Copy	1
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CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

DJMD LIMITE	D PARTNE	RSHIP	
insert name currently on file	with Florida De	partment of State	1
Pursuant to the provisions of section 620.1202, Flo limited liability limited partnership, whose certific December 12, 2016, assigned Flor	atc was filed i	with the Florida Department of S number A160000073	State on
adopts the following certificate of amendment to it	ts certificate o	f limited partnership.	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the linhere:	nited partners	hip or limited liability limited par	rtnership
JLP 2017 LIMITE	D PARTNI	ERSHIP	
New name must be distinguisha			6
Acceptable Limited Partnership suffixes: Limited Partnership Acceptable Limited Liability Limited Partnership suffixes: Li	p, Limited, L.P., imited Liability I	LP, or Ltd. imited Partnership, L.L.L.P. or LLLP.	DEC 2
B. If amending mailing address and/or princip <u>principal office address herc</u> :	al office addr	ess, enter new mailing address	and or
New Principal Office Address: (Must be STREET address)			g: 50
New Mailing Address: (May be post office box)			
C. If amending the registered agent and/or register new registered agent and/or the new registered office	ed office addr	ess on our records, enter the nar	ne of the
Name of New Registered Agent:			
New Registered Office Address:	Exitor 1	Torida street address	
	Emer 1	torial street address	
	City	, Florida Ziv Code	
	2,		

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.

ICON ' D	tegistered Agent.	472 4	C N I	TO 2. A 1 A	
III CHMHUNDU K	PURINTELL A DETIL	NUMBER	OI INCOM	KEDIKIPITAN ASE	mr

D. If amending 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
GP	JLP 2017 Management Company, LLC	8383 Wilshire Blvd. Suite 1000 Beverly Hills, CA 90211	Add Remove
<u>GP</u>	DJMD Management Company, LLC	4000 Ponce de Leon Blvd Sulte 510 Coral Gables, FL 33146	_ Remove
			Add CH C 29
waster to the first the state of the state o			Add H
			Add S
			Add Remove

E. If the limited	l partnership (or limited lis	bility limited	i partnership	is amending its	"limited	liability
limited partners	hip" status, en	ter change h	ere:				

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.)

flective date, if other than the date of filing:	January 1, 2017 after the date this document is filed by the Florida Department of
gnature(s) of a general partner or all gener	al partners*:
NOTE: Only one current general partner is required to noving a "limited liability limited partnership" election and adding or removing a "limited liability limited partnership".	sign this document unless the limited partnership is adding or a statement. Chapter 620, F.S., requires all general partners to sign mership" election statement.)
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