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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone #)	. <u> </u>
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COVER LETTER

TO: Registration Division of C				
SUBJECT: CPT I. I	.P			
Na	ame of Florida Limited Par	tnership or Limited Liabilit	y Limited Partnership	
The enclosed Certifi	icate of Amendment a	nd fee(s) are submitted	for filing.	
Please return all cor	respondence concerning	ng this matter to:		
Stacy Shumate				
	Contact Person			
Keating Muething & Kl	lekamp PLL			
	Firm/Company			
One E. 4th St., Suite 14	00			
	Address			
Cincinnati, OH 45202				
	City, State and Zip Code			•
sshumate@kmklaw.co	m		-1	20
E-mail address: (to	o be used for future annual	report notification)		55 -7
For further informat	tion concerning this m	atter, please call:		2019 JAN 23 PH
Stacy Shumate		at ()_579-	6465	2 1
Name of Cont	act Person	Area Code and Day	time Telephone Number	
Enclosed is a check	for the following amo	ount:		الله الله
▼ \$52.50 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	
STREET ADDRES		MAILING Registration	ADDRESS:	
Registration Section Division of Corpora		-	Corporations	
Clifton Building		P. O. Box 6.	327	
2661 Executive Cer	nter Circle	Tallahassee,	FL 32314	

Tallahassee, FL 32301

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

CPT I, LP		
Insert name currently on fi	le with Florida Departn	nent of State
Pursuant to the provisions of section 620.1202, F limited liability limited partnership, whose certificate of an adopts the following certificate of amendment to	cate was filed with rida document num	the Florida Department of State on ther A17000000499
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the l	imited partnership	or limited liability limited partnership
New name must be distinguish	nable and contain an ac	ceptable suffix.
Acceptable Limited Partnership suffixes: Limited Partnersh Acceptable Limited Liability Limited Partnership suffixes:		
B. If amending mailing address and/or principrincipal office address here:	pal office address,	enter new mailing address and/or
New Principal Office Address: (Must be STREET address)		JAN 23
New Mailing Address: (May be post office box)		
C. If amending the registered agent and/or registerew registered agent and/or the new registered office		on our records, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	Enter Flori	da street address
	<u> </u>	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.

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:

<u>Title</u>	<u>Name</u>	Address	Type of Action
GP	House of David Preservation, Inc.	6060 Poplar Ave., Suite 425 Memphis, TN 38119	_ Z Add _ Remove
			_
			_ Add _ Remove 2
			Add A 22 Remove 23
			Add C C
			_ Add _ Remove

E. If the limited partnership or limited liability limited partnership is amending its "limited liability limited partnership" status, enter change here:

 This Limited I	Partnership h	ereby elects to be a	"Limited Liability Lin	nited 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.)

Effective date, if other than the date of filing: (Effective date cannot be prior to nor more than 90 days after the da State.) Note: If the date inserted in this block does not meet the applicable she listed as the document's effective date on the Department of State Signature(s) of a general partner or all general partner (*NOTE: Only one current general partner is required to sign this or removing a "limited liability limited partnership" election statement	ersatutory filing requirements, this date will not e's records. ers*:
(Effective date cannot be prior to nor more than 90 days after the date State.) Note: If the date inserted in this block does not meet the applicable a be listed as the document's effective date on the Department of State Signature(s) of a general partner or all general partner (*NOTE: Only one current general partner is required to sign this of the partner of a "limited liability limited partnership" election statement	ersatutory filing requirements, this date will not e's records. ers*:
(Effective date cannot be prior to nor more than 90 days after the date State.) Note: If the date inserted in this block does not meet the applicable a be listed as the document's effective date on the Department of State Signature(s) of a general partner or all general partner (*NOTE: Only one current general partner is required to sign this companies a "limited liability limited partnership" election statement	ersatutory filing requirements, this date will not e's records. ers*:
(*NOTE: Only one current general partner is required to sign this of	tocument unless the limited partnership is adding or
when adding or removing a "limited liability limited partnership" el	Cimput ozo, 1.0., redemes as Barrer I
Housing Preservation, Inc., General Partner	2815
BY: 2-09	JAH 23
Matthew Osborne, President of HPI	S 20 1
Signature(s) of all new or dissociating general partne	er(s), if any:
House of David Preservation, Inc.	
I srael Wilhelm, President	