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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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From:

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Account Number: 076447000313

Phone : (305)358-9166

Fax Number : (305)347-7766

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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21 AUG - 3 AM 8: 82

LP/LLLP AMENDMENT/RESTATEMENT/CORRECTION VILLAS AT ACADEMY PLACE, LTD.

| Certificate of Status | 1 |
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| Page Count | 04 |
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CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP

| VILLAS AT ACADEMY PLACE, LTD. | | |
|--|---|--|
| Insert name currently on fil | e with Florida Depa | rtment of State |
| Pursuant to the provisions of section 620.1202, Fl limited liability limited partnership, whose certific November 28, 2017, assigned Floadopts the following certificate of amendment to | cate was filed wi rida document ni | th the Florida Department of State on umber A17000000578 |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the here: | lmited partnershi | p or limited liability limited partnership |
| New name must be distinguish | nable and contain an | acceptable suffix. |
| Acceptable Limited Partnership suffixes: Limited Partnersh Acceptable Limited Liability Limited Partnership suffixes: | hip, Limited, L.P., Li Limited Liability Lin | P, or Ltd. nited Partnership, L.L.L.P. or LLLP. |
| B. If amending mailing address and/or principal office address here: | pal 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 registered registered agent and/or the new registered office ad | ed office address ldress here: | on our records, <u>enter the name of the new</u> |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter F | lorida street address |
| | | , Florida |
| | City | Zip Code |

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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 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:

| Title | Name | Address | Type of Action |
|-----------|----------------------------------|--|-------------------|
| <u>GP</u> | PDG VILLAS AT ACADEMY PLACE, LLC | 1079 MULBERRY WAY BOCA RATON, FL 33486 | _ |
| <u>GP</u> | SHAG VILLAS AT ACADEMY, LLC | DELRAY BEACH, FL 33444 | _ Add □ Remove |
| | | | |
| | | | |
| | | | |
| | | | □ Add □ Remove |

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

| This I imited Partnership hereby elects to be a "Limited Liability Limited Partner." | _ | This Limited Dortnershi | n harohy elects t | o be a "Limited | Liability L | imited Partnersh | ip. |
|--|---|-------------------------|-------------------|-----------------|-------------|------------------|-----|
|--|---|-------------------------|-------------------|-----------------|-------------|------------------|-----|

(NOTE: If adding or removing" limited liability limited partnership" status, all general partners must sign this amendment.)

[☐] This Limited Partnership hereby removes its "Limited Liability Limited Partnership" status.

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| F. If amending any other inform | ation, enter cl | nange(s) h | ere: (Attac | h additional s | heets, if neces | sary.) |
|--|-----------------------------------|------------------------|---------------------------|-------------------|---------------------------------------|----------------------|
| | | | | | | |
| | | | | | | . |
| | <u>.</u> | | | | | |
| | | | | | | |
| | | | · | | | |
| Effective date, if other than the date (Effective date cannot be prior to nor more State.) Note: If the date inserted in this block does be listed as the document's effective date or | of filing: than 90 days aft | er the date | this docume | nt is filed by th | e Florida Depa | irimentoj |
| State.) Note: If the date inserted in this block does be listed as the document's effective date or | not meet the app the Departmen | plicable state state's | tutory filing records. | requirements, | this date will no | |
| | • | | | | | ြို့ |
| Signature(s) of a general partner of | | | | | | 뫂 |
| (*NOTE: Only one current general partner removing a "limited liability limited partner when adding or removing a "limited liability". | Simp circulon s | tare men. | "Habter ones! | | artnership is ad all general parti | ding or ners to sign |
| Danie Small | | | | | | <u> </u> |
| PDG VILLAS AT ACADEMY PLACE LLC | | - | _ | | - | |
| | | - | | | | |
| | | - | | | | |
| | | - | | | | |
| Signature(s) of all new or dissocia | ting general | partner(: | s), if any: | | | |
| Dine Smith | | | | | | |
| SHAG VILLAS AT ACADEMY, LLC | ; | | | | | |
| PDG VILLAS AT ACADEMY PLACE, LLC | <u>_</u> | | | | | |
| PDG.VILLAS AT ACADEMT PCACET CLO | | | | | | |
| | | | | | <u> </u> | <u>_</u> |
| | | | | | | |
| | \$52.50 | | | | | |
| Certified Copy (optional): Certificate of Status (optional): | \$52.50 \$8.75 | | | | | |