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To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : SHUTTS & BOWEN, LLP Account Number : 076447000313 : (305)358-9166 Fax Number : (305)347-7748 \*\*Enter the email address for this business entity to be used for fugure annual report mailings. Enter only one email address please. \*\* 23 Email Address: ESchlittls@smithhenzy.com

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

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VILLAS AT ACADEMY PLACE, LTD.

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## CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

Insert name currently of	n file with Florida Depa	rtment of State	
Pursuant to the provisions of section 620.1202 limited liability limited partnership, whose cer November 28, 2017, assigned ladopts the following certificate of amendment	tificate was filed wi Florida document ni	th the Florida Department of Sumber A17000000578	
This amendment is submitted to amend the following	g:		
A. If amending name, <u>enter the new name of the here:</u>	ie limited partnershi	p or limited liability limited pa	rtnership
New name must be disting	rishable and contain an	acceptable suffix.	
Acceptable Limited Partnership suffixes: Limited Partn Acceptable Limited Liability Limited Partnership suffixe			
B. If amending mailing address and/or principal office address here:	ncipal office addres	ss, enter new mailing address	s and/or
New Principal Office Address:			
(Must be STREET address)		<b>4</b>	20.
New Mailing Address: (May be post office box)			2 DEC 21
C. If amending the registered agent and/or regist		on our records, enter the name o	of the new
registered agent and/or the new registered office	address here:	•	2
Name of New Registered Agent:			
New Registered Office Address:	Entor El	orida street address	
	Emer Fil		
	City	, Florida 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:

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>GP</u>	SHAG VILLAS AT ACADEMY, LLC	1100 NW 4TH AVE DELRAY BEACH, FL 33444	□ Add □ Remove
GP	Calston Academy Associates, LLC	5852 DORA DRIVE MOUN'T DORA, FL 32757	_ Add □ Remove
			_
			_
			_

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

$\Box$	This I imited Downweshi	n harabu alaat	e to be a HI	imited Liability	l imited Partnershin <sup>5</sup>
u	This Limited Partnershi	p nereby elect	s to be a _r	imiteo Etability i	cumited ratificismp.

(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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] <sup>3</sup>	ffective date, if other than the date of filing. Theory white camot be prior to nor more than 90 days after the date this document is thed by the Florida Depar
.5	fata.) one: If the date inserted in this block does not meet the applicable statutory thing requirements, this date with no
	e listed as the document's effective date on the Department of State's records.
٠	ignature(s) of a general partner or all general partners*:
~	
r:	<u>NOTE</u> : Only one current general partner is required in sign this document values the limited partnership is addenoving a "limited liability limited partnership" election statement. Chapter 626, F.S., requires all general partnership.
11	ben adding or removing a "limited habitity limited partnership" election statement.)
~	arren Smith 1, as Manager 1 or 50H. VILLAS 41 AUACEMY PLACE, (LD
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_	
	Darren Smith
- [	Darren Smith
- [	Darren Smith  Manager
- [	Darren Smith  Manager  ignamre(s) of all new or dissociating general partner(s), if any
- [	Darren Smith  Manager
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