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H250001009843ABC

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To:

Division of Corporations

Fax Number : (850)517-6383

From:

Account Mare : MACFARLANE FERGUSON & MCMULLEN

Account Number: 876877891654 Phone: (813)273-4229 Fax Number: (813)273-4396

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

Email Address:_____

LP/LLLP AMENDMENT/RESTATEMENT/CORRECTION KEYSTONE OAKS, LTD.

Certificate of Status	0
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Page Count	04
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T. LEMIEUX MAR 1 7 2023 (((H23000100984 3)))

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

KEYSTONE OAKS, LTD.			
Insert name currently	y on file with Florida D	spartment of State	
Pursuant to the provisions of section 620.12 limited liability limited partnership, whose of 11/26/1984, assigned	ertificate was filed	with the Florida Department of Si	or late on
adopts the following certificate of amendme	nt to its certificate of	of limited partnership.	
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of here:	the limited partners	ship or limited liability limited par	<u>tnership</u>
New name must be distin	nguishable and contain	an acceptable suffix.	
Acceptable Limited Partnership suffixes: Limited Par Acceptable Limited Liability Limited Partnership suff	tnership, Limited, L.P., [ixes: Limited Liability .	LP, or Ltd. Limited Partnership, L.L.L.P. or LLLP.	
B. If amending mailing address and/or property principal office address here:	rincipal office add	ress, <u>enter new mailing address</u>	and/or
New Principal Office Address (Must be STREET address)	<u></u>		
New Mailing Address: (May be post office box)			
C. Manual diagram and a second			
C. If amending the registered agent and/or reg registered agent and/or the new registered office		s on our records, enter the name of	the new
Name of New Registered Agent:		<u> </u>	2(
New Registered Office Address:			.u.,
	Enter 1	Florida sireei address	j
~	City	Florida Zip Code	9
	Chy	Zip Code	A
			<u>,,,</u>

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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	Amous Clauses	Phi	
II Cuanking wellstered	Aucht Signature	LOT NEW KERISTE	ted Airent
9 9			102 115

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
OP	Thomas J. Mannausa	1070 Whitfield Avenue Sarasota, Florida 34243	_
<u>GP</u>	Mannausa Ventures, Inc.	1070 Whitfleid Avenue Sarașota, Florida 34243	_ ■ Add □ Remove
			_ □ Add □ Remove
47-30-40-4			☐ Add ☐ Remove
			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 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.)

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F. If amending any other information, enter chan	ge(s) here: (Anach additional sheets, if necessary.)
Effective date, if other than the date of filing: (Effective date cannot be prior to nor more than 90 days after the	the date this document is filed by the Florida Department of
State.) Note: If the date inserted in this block does not meet the applica be listed as the document's effective date on the Department of	ble statutory filing requirements, this date will not
Signature(s) of a general partner or all general par	rtners*:
(*NOTE: Only one current general partner is required to sign the removing a "limited liability limited partnership" election statem when adding or removing a "limited liability limited partnership.	sent. Chapter 620, F.S., Requires all general partners to sign
Thomas J. Mannausa	Mor
Signature(s) of all new or dissociating general part	ner(s), if any:
Thomas J. Mannausa	Tollies .
Thomas J. Mannausa, as President of Mannausa Ventures, Inc.	Lyear Pres
Filing Fee: \$52.50 Certified Copy (optional): \$52.50 Certificate of Status (optional): \$8.75	