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TO:

2661 Executive Center Circle

Tallahassee, FL 32301

Registration Section **Division of Corporations** SUBJECT: LAKEWOOD AT PIEDMONT LIMITED PARTNERSHIP Name of Florida Limited Partnership or Limited Liability Limited Partnership The enclosed Certificate of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: JAN HEFLINGER Contact Person PICERNE DEVELOPMENT CORPORATION Firm/Company 247 NORTH WESTMONTE DR Address ALTAMONTE SPRINGS, FL 32714 City, State and Zip Code JHEFLINGER@PICERNEFL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: JAN HEFLINGER 772-0200 EXT:132 Name of Contact Person Area Code and Daytime Telephone Number Enclosed is a check for the following amount: **√** \$52.50 Filing Fee \$61.25 Filing Fee \$105.00 Filing Fee \$113.75 Filing Fee, and Certificate of and Certified Copy Certified Copy, and Certificate of Status Status STREET ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section **Division of Corporations Division of Corporations** Clifton Building P. O. Box 6327

Tallahassee, FL 32314

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

LAKEWOOD AT PIEDMONT LIMITED PARTNERSHIP

Insert name currently on file with Florida Department of State

Pursuant to the provisions of section 620.1202, I limited liability limited partnership, whose certif 12/31/1996, assigned FI	ficate was filed wit	h the Florida Department of Sta	
adopts the following certificate of amendment to	its certificate of l	imited partnership.	,
This amendment is submitted to amend the following	:		
A. If amending name, enter the new name of the here:	limited partnership	or limited liability limited parti	<u>iership</u>
New name must be distinguis	shable and contain an a	acceptable suffix.	
Acceptable Limited Partnership suffixes: Limited Partner. Acceptable Limited Liability Limited Partnership suffixes.			
B. If amending mailing address and/or princ principal office address here:	ipal office addres	s, enter new mailing address a	<u>ınd/or</u>
New Principal Office Address:		₩ ,`*	
(Must be STREET address)		2.2	
		77. OV	- 422
New Mailing Address: (May be post office box)	·		44. 12.
(may be post office box)		وتو ، ،	1
C. If amending the registered agent and/or regis	tered office addres	s on our records, enter the name	e of the
new registered agent and/or the new registered off			
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flo	Enter Florida street address	
		, Florida	
	City	Zip Code	

New Registered Agent's Signature, if changing Registered Agent:

1

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, Signatur	e of New Regist	ered 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>	Name	Address	Type of Action
<u>GP</u>	Picerne Development C	247 N Westmonte Dr Altamonte Springs FL 32714	_ Add _ ✓ Remove
			Add Remove
			_ Add Remove
			Add Remove
			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.)

F. If amending any other information, enter change(s)	here: (Attach additional sheets	if necessary)
10 In amonding any concer materials, enter change(s)	mere (muen aaamena sneed),	y necessary.
	100 u	
Effective date, if other than the date of filing:		
(Effective date cannot be prior to nor more than 90 days after the date	e this document is filed by the Florid	da Department of
State.)		
Signature(s) of a general partner or all general partner	rg*:	
(*NOTE: Only one current general partner is required to sign this do removing a "limited liability limited partnership" election statement.		
when adding or removing a "limited liability limited partnership" elec	ction statement.)	···· p············
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	prings.	75- 6.23 1 51.5 Letter
	Vere .	
Signature(s) of all new or dissociating general partner((s) if any at	
Signature (5) of an new of dissociating general partner	<u>31, 11 duy</u> .	ar e Tes j⊤njana
\wedge \wedge	, no. 1	
	in the second se	
	3	<u> </u>
Filing Fee: \$52.50		
Certified Copy (optional): \$52.50		
Certificate of Status (optional): \$8.75		