

A19000000446  
 Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000056676 3)))



H220000566763ABC1

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.**  
 Doing so will generate another cover sheet.

**To:**  
 Division of Corporations  
 Fax Number : (850)617-6383

**From:**  
 Account Name : STEARNS WEAVER MILLER WEISSLER ALHADEFF & SITTERSON  
 Account Number : 120060000135  
 Phone : (305)789-3200  
 Fax Number : (305)789-4137

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

Email Address: ldefbyre@stearnsweaver.com

2022 FEB 15 Fri 12:38

**LP/LLP AMENDMENT/RESTATEMENT/CORRECTION  
 CABANA CLUB APARTMENTS PRESERVATION, LTD.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$105.00

SELECTED FOR STATE  
 AND FEDERAL TAX  
 PREPARATION

2022 FEB 15 PM 2:46

APPROVED  
 AND  
 FILED

42383.0002



February 14, 2022

FLORIDA DEPARTMENT OF STATE

Division of Corporations

LEXINGTON CLUB PRESERVATION, LTD..  
401 WILSHIRE BLVD., SUITE 1070  
SANTA MONICA, CA 90401US

SUBJECT: LEXINGTON CLUB PRESERVATION, LTD.  
REF: A18000000243

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document must be signed by the dissociating general partner unless the document states the general partner is deceased or a guardian or general conservator has been appointed or the general partner previously filed a Statement of Dissociation with the Florida Department of State.

The dissociating GP must also sign where it says "Signatures of all new or dissociating general partners".

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly  
Regulatory Specialist II

FAX Aud. #: H22000056681  
Letter Number: 722A00003602

**CERTIFICATE OF AMENDMENT  
TO  
CERTIFICATE OF LIMITED PARTNERSHIP  
OF**

CABANA CLUB APARTMENTS PRESERVATION, LTD.

Insert name currently on file with Florida Department of State

Pursuant to the provisions of section 620.1202, Florida Statutes, this Florida limited partnership or limited liability limited partnership, whose certificate was filed with the Florida Department of State on 10/15/2019, assigned Florida document number A19000000446 adopts the following certificate of amendment to its certificate of limited partnership.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited partnership or limited liability limited partnership here:**

New name must be distinguishable and contain an acceptable suffix.

*Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.*

*Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.*

**B. If amending mailing address and/or principal office address, enter new mailing address and/or principal office address here:**

New Principal Office Address:

*(Must be STREET address)*

New Mailing Address:

*(May be post office box)*

2022 FEB 15 PM 2:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

**C. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

*Enter Florida street address*

\_\_\_\_\_, 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>	<u>Address</u>	<u>Type of Action</u>
<u>GP</u>	<u>AFFORDABLE HOUSING INSTITUTE, INC.</u>	<u>1115 E. MOREHEAD STREET</u> <u>SUITE 200</u> <u>CHARLOTTE, NC 28204</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>GP</u>	<u>CABANA CLUB APARTMENTS PRESERVATION GP LLC</u>	<u>401 WILSHIRE BOULEVARD</u> <u>SUITE 1070</u> <u>SANTA MONICA, CA 90401</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> 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.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

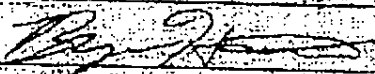
Effective date, if other than the date of filing: \_\_\_\_\_  
(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**Signature(s) of a general partner or all general partners\***


(\*NOTE: Only one current general partner is required to sign this document unless the limited partnership is adding or removing a "limited liability limited partnership" election statement. Chapter 620, F.S., requires all general partners to sign when adding or removing a "limited liability limited partnership" election statement.)

AFFORDABLE HOUSING INSTITUTE, INC.

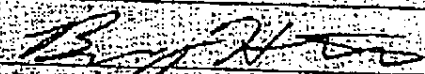
BY:   
Bryan Hartnett, President

**Signature(s) of all new or dissociating general partner(s), if any:**

CABANA CLUB APARTMENTS PRESERVATION GP LLC

BY:   
Russell Condas, Vice President

AFFORDABLE HOUSING INSTITUTE, INC.

By:   
Bryan Hartnett, President

Filing Fee: \$52.50  
Certified Copy (optional): \$52.50  
Certificate of Status (optional): \$8.75

F. If amending any other information, enter change(s) here: *(Attach 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 date this document is filed by the Florida Department of State.)*

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**Signature(s) of a general partner or all general partners\*:**

(\*NOTE: Only one current general partner is required to sign this document unless the limited partnership is adding or removing a "limited liability limited partnership" election statement. Chapter 620, F.S., requires all general partners to sign when adding or removing a "limited liability limited partnership" election statement.)

AFFORDABLE HOUSING INSTITUTE, INC.

BY:




Bryan Hartnett, President

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CABANA CLUB APARTMENTS PRESERVATION GP LLC

BY:



Russell Condas, Vice President

Filing Fee: \$52.50  
Certified Copy (optional): \$52.50  
Certificate of Status (optional): \$8.75