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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number: 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

\*\*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 CORE MHP COLLIER, LLLP

> Certificate of Status Certified Copy 0 Page Count \$52.50 Estimated Charge

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## CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

CORE MHP Collier, LLLP Insert name currently on fi	le with Florida Dep	artment of State	
•	•		
Pursuant to the provisions of section 620.1202, Flimited liability limited partnership, whose certiform 12/13/2019, assigned Floriage 1.	icate was filed w orida document r	rith the Florida Department of State on number A19000000569	
adopts the following certificate of amendment to	its certificate of	limited partnership.	
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the here</u> :	limited partners?	rip or limited liability limited partnership	
CORE MHP Collier, Ltd.			
New name must be distinguis	hable and contain a	n acceptable suffix.	
Acceptable Limited Partnership suffixes: Limited Partners Acceptable Limited Liability Limited Partnership suffixes:			
B. If amending mailing address and/or principal office address here:	ipal office addr	ess, enter new mailing address and/or	
New Principal Office Address:		· Spirit	
(Must be STREET address)		\$-1::, <b>-1</b>	
		7 P 7	
New Mailing Address:	New Mailing Address:	ကျောင်းများကို မြောင်းများများ မြောင်းများများများ	
(May be post office box)			
		· (2) (2) (2) (2) (2) (2) (2) (2) (2) (2)	
C. If amending the registered agent and/or register registered agent and/or the new registered office agent and/or the new registered agent and/or the new registered agent and/or registered agent and/or the new registered agent	red office address idress here:	on our records, <u>enter the name of the new</u>	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
		, Florida	
	City	Zin Code	

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

		If Changing Registered Ages	nt, Signature of New Registered A
amending or remove	the general partner(s), <u>er</u> d from our records:	nter the name and business addre	ss of each general partner
`itle	Name	Address	Type of Action
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(NOTE: If adding or removing" limited liability limited partnership" status, all general partners must sign this amendment.)

F. If amending any other info	ormation, enter ch	ange(s) here: (Attach additional sheets, if necessary.)
ffective date, if other than the da	ite of filing: April 1	14, 2021
Hective date cannot be prior to nor ma ate.)	ore than 90 days after	r the date this document is filed by the Florida Department of
late: If the date inserted in this block doe listed as the document's effective date	oes not meet the applicant the Department of	licable statutory filing requirements, this date will not
	o vo mo Doparement	of Guile's records.
Ignature(s) of a general partne	r or all general r	partners*:
*NOTE; Only one current general part emoving a "limited liability limited part then adding or removing a "limited liab	nership" election stat	on this document unless the limited partnership is adding or stement. Chapter 620, F.S., requires all general partners to sign ship" election statement.)
Authorized Signatory	<del></del>	Chris Shear, Authorised Regression
		19.4 19.50 19.50
ignature(s) of all new or dissoc	iating general pa	artner(s), if any:
	<del></del>	
	· · · · · · · · · · · · · · · · · · ·	
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