Division of Corporations Electronic Filing Cover Sheet

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(((H21000379577 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : STEARNS WEAVER MILLER WEISSLER ALHADEFF & SITTERSON

Account Number : I20060000135

: (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. \*\*

## LP/LLLP AMENDMENT/RESTATEMENT/CORRECTIO QUAIL ROOST TRANSIT VILLAGE VI, LTD.

<del>-</del>	
Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$105.00

Electronic Filing Menu Corporate Filing Menu

Help 5

## CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP

QUAIL ROOST TRANSIT VILLAGE VI, L				_
Insert name ourrently o	n filo with Florida De	epartment of State		
Pursuant to the provisions of section 620.1202 limited liability limited partnership, whose cer October 11, 2021, assigned adopts the following certificate of amendment	tificate was filed Florida document	with the Florida D number <u>A2100000</u>	epartment of 0287	
This amendment is submitted to amend the following	ng:			
A. If amending name, enter the new name of there:	he limited partner	thin or limited linb	ility limited p	artnership
New name must be disting	ulshable and contain	an acceptable suffix.		
Acceptable Limited Partnership suffixes: Limited Partn Acceptable Limited Liability Limited Partnership suffix	ership, Limited, L.P., es: Limited Liability	LP, or Lid. Limited Partnership,	L.L.L.P. or LLLi	P.
B. If amending mailing address and/or principal office address here:	ncipal office add	ress, <u>enter new m</u>	ailing addre	s and/or
New Principal Office Address: (Musi be STREET address)				- -
New Mailing Address: (May be post office box)				- -
C. If amending the registered agent and/or registered agent and/or the new registered office		s on our records, <u>c</u>	nter the name	of the new
Name of New Registered Agent:		<u> </u>		-
New Registered Office Address:	Enter	Florida street addre	W. Comment	2021
	Britor	, Florida	34.7	007
	City	,	Zip Code	
				P# 12

Page 1 of 3

## 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, Signs	ture of New Registered Agent	
11 CHAIR IN PROPERTY AND ANY DIVILE	TOTAL AT LANGE TO STREET THE STREET	

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
<u></u>	HEF-QUAIL ROOST VI, INC.	437 SW 4TH AVENUE FT. LAUDERDALE, FL 33315	Add ☐ Remove
<del></del>			Add Remove
			□ Add □ □ Remove
			□ Add □ Remove
			☐ Add ☐ Remove
the limited	partnership or limited liabilit	y limited partnership is ame	nding its "limited lis

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

	This Limited P	ertnorship h	ereby elects to	be a "Limited	Liability I	Limited Partnership.	,
--	----------------	--------------	-----------------	---------------	-------------	----------------------	---

(NOTE: If adding or removing" limited liability limited parinership" status, all general pariners must sign this amendment.)

This Limited Partnership hereby removes its "Limited Liability Limited Partnership" status.

## H210003795773

F. If amending any other info	rmation, enter ch	ange(s) here: (Attach additional sheets, if necessary.)
	<u></u>	
		——————————————————————————————————————
Effective date, if other than the date (Effective date cannot be prior to nor mo State.)	te of filing; re thun 90 days after	r the date this document is filed by the Florida Department of
		licable statutory filing requirements, this date will not of State's records.
Signature(s) of a general partner	r or all general i	partners":
	nership" election sta	in this document unless the limited partnership is adding or itement. Chapter 620, F.S., roquires all general partners to sign thip" election statement.)
Kenneth Navior, VP of APCHD MM IF INC., Ma		
Kenneth Naylor, VP of APCHD MM IFING., Ma	enager of GP	
Signature(s) of all new or dissoci	iating general pa	artner(s). If any:
	·	
•	<del></del>	
Filing Fee: Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$52.50 \$8.75	

F. If amending any other information	n, enter change(s) her	ro: (Attach additiona	l sheets, (fnecessary.)
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ffective date, if other than the date of fi (fective date cannot be prior to nor more than ate.)	ling: 90 daya after the date th	is document is filed by	the Florida Department of
ofe: If the date inserted in this block does not no listed as the document's effective date on the	nest the applicable statut Department of State's re	iory filing requirements scords.	s, this date will not
gnature(s) of a general partner or al	l general partners*	i	
NOTE: Only one ourrent general partner is re noving a "limited liability limited partnership"	quired to sign this docum	ment unless the limited	partnership is adding or
normg a minited hability limited liability lim	Ited partnership" election	n statement.)	a all general patinosa to sign
	_		
gnature(s) of all new or dissociating	general partner(s).	ifony:	
7 (=\$)			
REFLOURIL ROOST IT, INC			20 20
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			# <b>3 3 3 3 3 3 3 3 3 3</b>
iling Fee: \$52.6 ordfied Copy (optional): \$52.6			PH 12: 43
ertificate of Status (optional): \$8.			- <del>Ε</del> τ