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Office Use Only



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CORPORATION SERVICE COMPANY
1201 Hays Street
Tallhassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 976588 8351815
AUTHORIZATION : TRUBBLE MAIN

COST LIMIT : \$ 52.50

ORDER DATE: August 26, 2021

ORDER TIME : 9:27 AM

ORDER NO. : 976588-005

CUSTOMER NO: 8351815

DOMESTIC AMENDMENT FILING

NAME: ONECO 51 SENIOR APARTMENTS, LTD.

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT# 61592

EXAMINER'S INITIALS:

COVER LETTER

TO: Registration Division of	Section Corporations				
SURJECT: Onceo 5	1 Senior Apartments, Ltd.				
N	ame of Florida Limited Pa	rtnership or Limited Liabili	ty Limited Partnership		
The enclosed Certif	icate of Amendment a	nd fee(s) are submitted	for filing.		
Please return all cor	respondence concerni	ng this matter to:			
Hanna Jamar					
	Contact Person				
Lincoln Avenue Capital	!				
	Firm/Company				
680 5th Avenue, 17th F	loor				
	Address				
New York, NY 10019					
	City, State and Zip Code				
hanna@lincolnavecap.o	com cclark@lincolnave	cap.com			
E-mail address: (to	be used for future annual	report notification)			
For further informat	ion concerning this m	atter, please call:			
Hanna Jamar		at (646)585-:	5525		
Name of Conta	et Person	Area Code and Daytime Telephone Number			
Enclosed is a check	for the following amo				
☐ \$52.50 Filing Fee	☐\$61.25 Filing Fee and Certificate of Status	S105.00 Filing Fee and Certified Copy	☐\$113.75 Filing Fee. Certified Copy, and Certificate of Status		
STREET ADDRESS:		MAILING ADDRESS:			
Registration Section		Registration Section			
Division of Corporations		Division of C			
Clifton Building 2661 Executive Center Circle			P. O. Box 6327 Tallahassee, FL 32314		
Tallahassee, FL 323		rananassee,	FL 32314		

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

Oneco 51 Senior Apartments, Ltd.				
Insert name currently on fi	ile with Florida Dep	partment of State		_
Pursuant to the provisions of section 620.1202. F limited liability limited partnership, whose certificate of amendment to	icate was filed w orida document r	rith the Florida I number A210000	Department of 00358	p or State on
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the l here:	limited partnersh	<u>ip or limited lia</u>	bility limited p	<u>artnership</u>
New name must be distinguish	nable and contain ar	acceptable suffix.	<u>. </u>	
Acceptable Limited Partnership suffixes: Limited Partnerst Acceptable Limited Liability Limited Partnership suffixes:	hip, Limited, L.P., L Limited Liability Li	P. or Ltd. mited Partnership,	L.L.L.P. or LLL	P_{\perp}
B. If amending mailing address and/or principal office address here:	pal office addre	ss, <u>enter new n</u>	nailing addre	ss and/or
New Principal Office Address: (Must be STREET address)			16 14 15 26 15 15 15 15 15 15 15 15 15 15 15 15 15	
New Mailing Address: (May be post office box)			AM ID: 14 OF STATE SEE, FL	0
C. If amending the registered agent and/or registened officence registered agent and/or the new registered officence.	ered office addre e address here:	ss on our record	ls, <u>enter the na</u>	me of the
Name of New Registered Agent:	<u> </u>			
New Registered Office Address:	Enter Fl	orida street addro	288	
	City	, Florida	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:

Title	<u>Name</u>	Address	Type of Action
<u>GP</u>	Affordable Housing Institute, Inc.	1115 E. Morehead Street Suite 200 Charlotte, NC 28204	_
<u>GP</u>	Oneco 51 Senior Partner LLC	401 Wilshire Boulevard Suite 1070 Santa Monica, CA 90401	_
			_
			_ □ 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 I	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 inform	nation, enter (change(s)	here: (Attac	ch additional	sheets, if necessary.)
			_		
					
Effective date, if other than the date (Effective date cannot be prior to nor more State.)	of filing: than 90 days a	fter the dat	e this docume	ent is filed by t	he Florida Department of
Note: If the date inserted in this block does be listed as the document's effective date o				requirements,	this date will not
or isseed as the document serietive date o	a are isepartine	in of State	3 records.		
Signature(s) of a general partner	<u>or all genera</u>	<u>l partne</u>	<u>rs*:</u>		
(*NOTE: Only one current general partne removing a "limited liability limited partne when adding or removing a "limited liability")	rship" election s	statement.	Chapter 620,	F.S., requires	artnership is adding or all general partners to sign
Bank					
By: Bryan Hartnett, President of					
Affordable Housing Institute, Inc., its					
general partner					
Signature(s) of all new or dissocia	ting general	<u>partner(</u>	s), if any:		
By: Tyler Conger, Vice President of					
Oneco 51 Senior Partner LLC, its general p	partner				
				 -	·
		•		<u> </u>	
Filing Fee:	852.50				
	\$52.50 \$52.50 \$8.75				