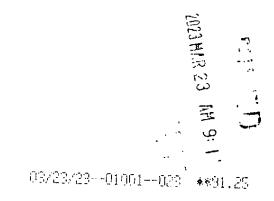
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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(assuress 2.m., r.a.m.)				
(Document Number)				
(Document Number)				
0.45-10-1				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

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A. DUTLER MAR 2 3 2023

COVER LETTER

TO: Registration Division of C				
SUBJECT: Red H	ills 444 Limited Partnersh	ip		
	ame of Florida Limited Par	tnership or Limited L	iability Limited Partnership	
The enclosed Certifi	cate of Amendment a	nd fee(s) are subm	itted for filing.	
Please return all corn	respondence concerni	ng this matter to:		
Mike Hettinger				
	Contact Person			
Red Hills 444 Limited	Partnership			
	Firm/Company			
703 East Tennessee St	reet			
	Address			
Tallahassee, Florida 32	2308			
	City, State and Zip Code			
mike@masonryinc.ne	l			
E-mail address: (to	be used for future annual	report notification)		
For further informat	ion concerning this ma	atter, please call:		
Mike Hettinger		at (251-6621	
Name of Conta	ect Person		d Daytime Telephone Number	
Enclosed is a check	for the following amo	unt:		
□ \$52.50 Filing Fee	\$61.25 Filing Fee and Certificate of Status	S105.00 Filing and Certified Cop	_	
Mailing Address:			Address:	
Registration Section		Registration Section		
Division of Corpora P.O. Box 6327	tions	Division of Corporations The Centre of Tallahassee		
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		
		Tallahassee, FL 32303		

CERTIFICATE OF AMENDMENT
TO
CERTIFICATE OF LIMITED PARTNERSHEP HAR 23 AM 9: 1.

Red Hills 444 Limited Partnership				
Insert name currer	ntly on file wi	th Florida Departn	nent of State	
Pursuant to the provisions of section 620. limited liability limited partnership, whose 7/18/2022, assig	e certificate ned Florida	was filed with document num	the Florida D iber <u>A220000</u>	Department of State on 00433
adopts the following certificate of amendr	ment to its c	ertificate of lin	nited partners	nip.
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name	of the limit	ed partnership	or limited liab	ility limited partnership
<u>here</u> :				
New name must be di	istinguishable	and contain an ac	ceptable suffix.	
Acceptable Limited Partnership suffixes: Limited i Acceptable Limited Liability Limited Partnership :	Partnership, I suffixes: Limit	Limited, L.P., LP, et al. Limited Liability Limite	or Ltd. ed Partnership.	L.L.L.P. or LI.LP.
B. If amending mailing address and/or principal office address here:	principal (office address,	enter new m	ailing address and/or
New Principal Office Addre	2SS:			
(Must 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 of	registered of	ffice address on as here:	our records, <u>e</u>	nter the name of the new
Name of New Registered Agent:	Michael H	ettinger		
New Registered Office Address:	703 East T	Tennessee Street		
		Enter Flori	ida street addre	'SS
	Tallahasse		, Florida	
		Citv		Zip Code

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

amending	the general partner(s), enter t	If Changing Registered Agent, Signer to the name and business address of	
	ed from our records:	Address	Type of Action
<u> </u>	DMHD Holdings LLC	703 East Tennessee Street Tallahassee, Florida 32308	
GP	DMHF Holdings LLC	703 East Tennessee Street Tallahassee, Florida 32308	Add Remove
			Add Remove
			Add Remove
			☐ Add☐ ☐ Remove
	ed partnership or limited lial rship" status, enter change he	bility limited partnership is am	ending its "limited l

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

F. If amending any other info	rmation, enter ch	ange(s) here: (Attach additional sheets, if necessary.)
	.	
		
Effective date, if other than the dat (Effective date cannot be prior to nor mor State.)	te of filing: re than 90 days afte	er the date this document is filed by the Florida Department of
Note: If the date inserted in this block do be listed as the document's effective date		licable statutory filing requirements, this date will not of State's records.
Signature(s) of a general partner	r or all general	partners*:
(*NOTE: Only one current general partr removing a "limited liability limited partr when adding or removing a "limited liabi	nership" election sta	on this document unless the limited partnership is adding or attement. Chapter 620, F.S., requires all general partners to sign ship" election statement.)
1-1/10		
1 Pill VI		
		
	 	
Signature(s) of all new or dissoci	iating general p	partner(s), if any:
-		
		
	0.50.50	
Filing Fee: Certified Copy (optional):	\$52.50 \$52.50	
Certificate of Status (optional):	\$8.75	