

# A23000000183

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

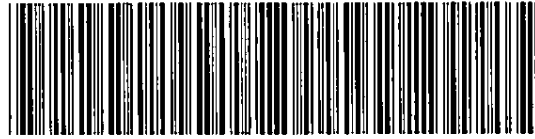
(Document Number)

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2024 JAN -3 PM 3:07

TALLAHASSEE, FLORIDA

RECEIVED

2024 JAN -3 AM 11:23

PROFESSIONAL OFFICE  
CORPORATIONS  
TALLAHASSEE, FLORIDA



CSC - Tallahassee  
1201 Hays Street  
Tallahassee, FL 32301-2607  
850-558-1500, Ext: 61592

To: Department Of State, Division Of Corporations  
From: Alexxis Weiland-Sorenson  
Ext: 61592  
Date: 01/03/24  
Order #: 1382011-1  
Re: Ormond Shores Preservation Owner Limited Partnership  
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Amount to be deducted from our State Account: \$52.50 - FL State Account Number:  
I20000000195

auth:

A handwritten signature in black ink, appearing to read "Alexxis Weiland-Sorenson", is written over the word "auth:".

Please take the following action:  
File in your office on basis  
Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ORMOND SHORES PRESERVATION OWNER LIMITED PARTNERSHIP  
Name of Florida Limited Partnership or Limited Liability Limited Partnership

The enclosed Certificate of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Kristin L. Woeste, Esq.

Contact Person

Vorys, Sater, Seymour and Pease LLP

Firm/Company

301 East Fourth Street, Suite 3500

Address

Cincinnati, Ohio 45202

City, State and Zip Code

klwoeste@vorys.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kristin L. Woeste, Esq.

at ( 513 ) 723-4000

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$52.50 Filing Fee

☐ \$61.25 Filing Fee  
and Certificate of  
Status

☐ \$105.00 Filing Fee  
and Certified Copy

☐ \$113.75 Filing Fee,  
Certified Copy, and  
Certificate of Status

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

ORMOND SHORES PRESERVATION OWNER LIMITED PARTNERSHIP

Insert name currently on file with Florida Department of State

**FILED**  
**2024 JAN -3 PM 3: 07**

TALLAHASSEE, FLORIDA

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 04/17/2023, assigned Florida document number A23000000183, 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)*

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

**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>
_____	Affordable Housing Institute, Inc.	1115 E. Morehead Street	<input checked="" type="checkbox"/> Add
_____	_____	Suite 200	<input type="checkbox"/> Remove
_____	_____	Charlotte, NC 28204	_____
_____	Ormond Shores Preservation, LLC	100 Wells Avenue	<input type="checkbox"/> Add
_____	_____	Newton, MA 02459	<input checked="" 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: December 31, 2023  
*(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.)

Ormond Shores Preservation, LLC  
By: Mark Schuster  
Name: Mark Schuster  
Title: CEO

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TALLAHASSEE, FLORIDA

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

Affordable Housing Institute, Inc.  
By: Bryan Hartnett  
Name: Bryan Hartnett  
Title: President

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