

A24000000305

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

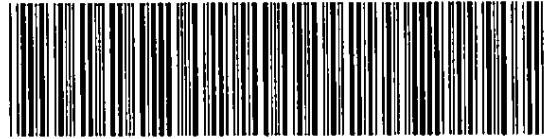
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2024 JUN 26 AM 9:49

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2024 JUN 26 PM 1:54

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**P.O. BOX 10662 TALLAHASSEE, FL 32302  
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**DATE: 06/25/24**

**NAME: CLERMONT RIDGE 2, LTD**

**TYPE OF FILING: AMENDMENT**

**COST: 52.50**

**RETURN: PLAIN COPY PLEASE**

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**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**



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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CLERMONT RIDGE 2, LTD  
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:

M.J. Kopakin  
Contact Person  
Blue Sky Communities  
Firm/Company  
180 Fountain Parkway N., Suite 100  
Address  
St. Petersburg, FL 33617  
City, State and Zip Code  
mjkopakin@blueskycommunities.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

M.J. Kopakin at ( 813 ) 514-2100  
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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 27, 2024

FLORIDA FILING & SEARCH SERVICES

SUBJECT: CLERMONT RIDGE 2, LTD  
Ref. Number: A24000000305

We have received your document for CLERMONT RIDGE 2, LTD and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

List the complete name of the GP that is being removed.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan  
Regulatory Specialist III

Letter Number: 524A00014089

*Please keep original file date*

*Thank you!*

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 Tallahassee, Florida 32304

RECEIVED  
2024 JUN 28 PM 1:11  
TALLAHASSEE, FLORIDA

CERTIFICATE OF AMENDMENT  
TO  
CERTIFICATE OF LIMITED PARTNERSHIP  
OF

FILED

2024 JUN 26 AM 9:49

CLERMONT RIDGE 2, LTD

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Insert name currently on file with Florida Department of State

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 June 19, 2024, assigned Florida document number A2400000305, 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>
<u>GP</u>	<u>Provident Housing Developer LLC</u>	<u>665 MT STIRLING AVE</u> <u>ΔPOPKA, FL 32712</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>GP</u>	<u>Provident Housing Solutions, Incorporated</u>	<u>665 MT STIRLING AVE</u> <u>ΔPOPKA, FL 32712</u>	<input checked="" type="checkbox"/> Add <input 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
_____	_____	_____	<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.)*

The name was cut off on pg 2 / Full Name of GP adding: PROVIDENT HOUSING SOLUTIONS, INCORPORATED

Document Number: N17000005412

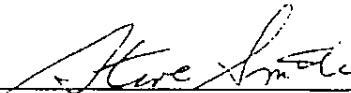
Effective date, if other than the date of filing: \_\_\_\_\_  
*(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)*

**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\*:**

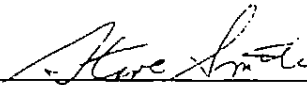
**(\*NOTE:** Only one current general partner is required to sign this document unless the limited partnership is adding or removing a "limited liability limited partnership" election statement. Chapter 620, F.S., requires all general partners to sign when adding or removing a "limited liability limited partnership" election statement.)

Steve Smith, CEO



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

Steve Smith, CEO of PROVIDENT HOUSING SOLUTIONS, INCORPORATED



**FILED**  
2024 JUN 26 AM 9:49  
OFFICE OF THE CLERK OF STATE  
TALLAHASSEE, FLORIDA

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