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REQUEST ORIGINAL FILING DATE 7-3-2024

Please note originally faxed filed on 7-3-2024. See attached e-mail.

REQUEST ORIGINAL FILING DATE 7-3-2024

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet
A24000000332

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H24000228593 3)))



H240002285933ABC2

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To: Division of Corporations
Fax Number : +550)617-6383

From: Account Name : SHUTTS & BOWEN, LLP
Account Number : 076447000313
Phone : +305)358-9166
Fax Number : +305)347-7748

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: RCheng@shutts.com

LP/LLP AMENDMENT/RESTATEMENT/CORRECTION
ENCLAVE PARC, LLLP

Certificate of Status	0
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2024 JUL 10 PM 4:20

RECEIVED
CORPORATIONS

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2024 JUL -3 AM 9:40

APPROVED
AND
FILED

JUL 11 2024

K. Brumley

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

ENCLAVE PARC, LLLP

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 25, 2024, assigned Florida document number A24000000332, 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)

2024 JUL -3 AM 9:40 SE OF FLORIDA DEPT OF STATE TALLAHASSEE FL 32399

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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>
GP	SHAG ENCLAVE PARC. LLC	1100 NW 4TH AVENUE DELRAY BEACH, FL 33444	<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
_____	_____	_____	<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.)

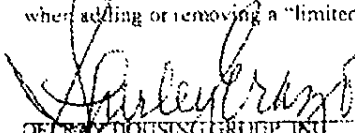
F. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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

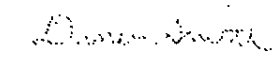
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.)


DELRAND HOUSING GROUP, INC.
Name: Shirley Craso
Title: President/CEO

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


SHAG ENCLAVE PARC, LLC
Name: Darren Smith
Title: Manager

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