A2793/

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April 29, 2019

Attorneys at Law

Alabama Florida Georgia Louisiana Mississippi South Carolina Tennessee Texas Washington, DC

Pamela Neet Brickley

Paralegal

Oirect. 727.502.8222 E-Fax: 727.502.8922 pam brickley@arlaw.com

VIA FEDEX

Florida Department of State Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Re:

Hunters Run R.V. Estates, LLLP Florida Document Number A27931

Our Client-Matter Number 827912-000006

Dear Sir or Madam:

Enclosed is this firm's check in the amount of \$105.00 to file the enclosed original Certificate of Amendment to Certificate of Limited Partnership for the referenced entity and to return a certified copy of the filed Certificate of Amendment to our office.

Your assistance in processing these requests is greatly appreciated. If you have any questions regarding this matter, please feel free to contact the undersigned.

Sincerely yours,

ADAMS AND REESE LLP

Pamete Meet Brickly

Pamela Neet Brickley

Paralegal

PNB/pb Enclosures

ce: David S. Bernstein, Esquire (via email)

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

HUNTERS RUN	R.V. ESTATES, LLLP	- F 70 F
Insert name currently on file	with Florida Department of State	30 3
Pursuant to the provisions of section 620.1202, Flo limited liability limited partnership, whose certific February 17, 1989 assigned Flor	orida Statutes, this Florida limited rate was filed with the Florida Deprida document numberA27931	partment of State
adopts the following certificate of amendment to i		p.
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the linere:	mited partnership or limited liabili	ty limited partnership
New name must be distinguish:	able and contain an acceptable suffix.	
Acceptable Limited Partnership suffixes: Limited Partnershi Acceptable Limited Liability Limited Partnership suffixes: L	ip, Limited, L.P., LP, or Ltd.	L.L.P. or LLLP.
B. If amending mailing address and/or princip principal office address here:	oal office address, <u>enter new ma</u>	iling address and/or
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 new registered agent and/or the new registered office		enter the name of the
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	e 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>	Address	Type of Action
Gene <u>ral Partner</u>	Stuart L. Perlman	6110 Rocky Spring Road Bloomfield Hills, MI 48301	☐ Add ☑ Remove
General Partner	Elaine Perlman	6110 Rocky Spring Road Bloomfield Hills, MI 48301	
			□ 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 Partnershi	ip 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.)

1. If amending any other mi	ormation, enter c	hange(s) here: (Attach additional sheets, if necessary.)
		
Effective date, if other than the da	ate of filing:	er the date this document is filed by the Florida Department o
State.)		
Note: If the date inserted in this block d be listed as the document's effective dat	oes not meet the app te on the Department	plicable statutory filing requirements, this date will not tof State's records.
Signatura(s) of a gonoral northe	en ou all ganaval	**************************************
Signature(s) of a general partne	er or all general	partners*:
(*NOTE: Only one current general part removing a "limited liability limited part when adding or removing a "limited liab	tnership" election sta	gn this document unless the limited partnership is adding or atement. Chapter 620, F.S., requires all general partners to signification statement.)
· ·	•	
		Llain Firlman
		ELAINE PERLMAN
		(Sole General Partner)
		
Signature(s) of all new or dissoc	rigting general n	artner(s) if any
Signature(s) of all lies of dissoc	auting general p	arther (s), if any.
		
		
		
		
Filing Fee:	\$52.50	
Certified Copy (optional):	\$52.50	
Certificate of Status (optional):	\$8.75	