(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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RECEIVED

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 175798 4331939

AUTHORIZATION

COST LIMIT : \$52.50

ORDER DATE: October 28, 2021

ORDER TIME : 2:17 PM

ORDER NO. : 175798-005

CUSTOMER NO: 4331939

DOMESTIC AMENDMENT FILING

NAME: TAMPA-FIFTY FIRST STREET

ASSOCIATES, LTD.

EFFECTIVE DATE:

_____ ARTICLES OF AMENDMENT
____ RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER'S INITIALS:

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

Tampa-Fifty First Street Associates, Ltd.		
Insert name currently on fi	le with Florida Dep	artment of State
Pursuant to the provisions of section 620.1202, Flimited liability limited partnership, whose certif December 16, 1992, assigned Florage,	icate was filed worlda document n	ith the Florida Department of State on umber A92000000165,
adopts the following certificate of amendment to	its certificate of	imited partnership.
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the here:	limited partnersh	ip or limited liability limited partnership
New name must be distinguis	hable and contain ar	acceptable suffix.
Acceptable Limited Partnership suffixes: Limited Partners. Acceptable Limited Liability Limited Partnership suffixes:	Limited Liability Li	nited Partnership, L.L.L.P. or LLLP.
B. If amending mailing address and/or princi principal office address here:	ряготисе ассте	ss, enter new mailing address and/or
New Principal Office Address: (Must be STREET address)		2021 OC:
New Mailing Address: (May be post office box)		28 A
C. If amending the registered agent and/or register		on our records, enter the name of the new
registered agent and/or the new registered office ad	<u>dress here</u> :	
Name of New Registered Agent:		
New Registered Office Address:	Enter Fl	orida 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.

itle	<u>Name</u>	Address	Type of Action
			O. D
· · · · · · · ·			□ Damaua
			☐ Add
			□ Add
			☐ Add☐ Remove

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

is to dissolve is December 31, 2027." is deleted in its entirety and of no further for	ce or effect. The limited partnership
shall continue until dissolved pursuant to the Florida Revised Uniform Limited Par	rtnership Act.
Effective date, if other than the date of filing: (Effective date cannot be prior to nor more than 90 days after the date this docume	nt is Glad by the Florida Department of
State.) Note: If the date inserted in this block does not meet the applicable statutory filing	
be listed as the document's effective date on the Department of State's records.	requirements, this take with not
Signature(s) of a general partner or all general partners*:	
(*NOTE: Only one current general partner is required to sign this document unless	s the limited partnership is adding or
removing a "limited liability limited partnership" election statement. Chapter 620,	F.S., requires all general partners to sign
removing a "limited liability limited partnership" election statement. Chapter 620, when adding or removing a "limited liability limited partnership" election statement	F.S., requires all general partners to sign
removing a "limited liability limited partnership" election statement. Chapter 620,	F.S., requires all general partners to sign
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