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COVER LETTER

SUBJECT: Heritage Phoenix, 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: James Kincaid	TO:	Registration Division of	Section Corporations			
The enclosed Certificate of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: James Kincaid Contact Person	SUBJ	ECT:	Her	itage Phoenix, Ltd	l	,
Please return all correspondence concerning this matter to: James Kincaid Contact Person		N	ame of Florida Limited Pa	rtnership or Limited Liabili	ty Limited Partnership	•
James Kincaid Contact Person Heritage Phoenix, Ltd. Firm/Company Atlantis Road #405B Address Cape Canaveral, FL 32920 City, State and Zip Code jimk@heritage-inc.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: James Kincaid at (321) 799-4090 Name of Contact Person Area Code and Daytime Telephone Number Enclosed is a check for the following amount: \$\square\$\$\$\$\square\$	The en	nclosed Certif	icate of Amendment a	and fee(s) are submitted	for filing.	
Contact Person Heritage Phoenix, Ltd. Firm/Company Atlantis Road #405B Address Cape Canaveral, FL 32920 City, State and Zip Code Jimk@heritage-inc.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: James Kincaid at (321) 799-4090 Name of Contact Person Area Code and Daytime Telephone Number Enclosed is a check for the following amount: STREET ADDRESS: Registration Section Division of Corporations Clifton Building P. O. Box 6327 Tallahassee, FL 32314	Please	e return all cor	respondence concerni	ng this matter to:		
Heritage Phoenix, Ltd. Firm/Company Atlantis Road #405B Address Cape Canaveral, FL 32920 City, State and Zip Code Jimk@heritage-inc.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: James Kincaid at (321) 799-4090 Name of Contact Person Area Code and Daytime Telephone Number Enclosed is a check for the following amount: \$13.75 Filing Fee and Certificate of Status \$105.00 Filing Fee and Certified Copy and Certified Copy, and Certificate of Status \$113.75 Filing Fee, Certified Copy and Certificate of Status \$113.75 Filing Fee, Certified Copy and Certificate of Status \$113.75 Filing Fee, Certified Copy and Certificate of Status \$113.75 Filing Fee, Certified Copy and Certificate of Status \$113.75 Filing Fee, Certified Copy and Certificate of Status \$113.75 Filing Fee, Certified Copy and Certificate of Status \$113.75 Filing Fee, Certified Copy and Certificate of Status \$113.75 Filing Fee, Certified Copy and Certificate of Status \$113.75 Filing Fee, Certified Copy and Certificate of Status \$113.75 Filing Fee, Certified Copy and Certificate of Status \$113.75 Filing Fee, Certified Copy and Certificate of Status \$113.75 Filing Fee, Certified Copy and Certificate of Status \$113.75 Filing Fee, Certified Copy and Certificate of Status \$113.75 Filing Fee, Certified Copy and Certificate of Status						
Cape Canaveral, FL 32920 City, State and Zip Code jimk@heritage-inc.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: James Kincaid at (321) 799-4090 Name of Contact Person Area Code and Daytime Telephone Number Enclosed is a check for the following amount: V\$52.50 Filing Fee and Certificate of Status STREET ADDRESS: Registration Section Division of Corporations Clifton Building P. O. Box 6327 Tallahassee, FL 32314			Contact Person			
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\$105.00 Filing Fee and Certificate of Status \$105.00 Filing Fee and Certified Copy and Certified Copy, and Certificate of Status \$TREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle \$105.00 Filing Fee and Certified Copy, and Certified Copy, and Certificate of Status **MAILING ADDRESS:** Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314		Name of Cont	act Person	Area Code and Day	time Telephone Number	
and Certificate of Status STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle And Certified Copy Certified Copy, and Certificate of Status MAILING ADDRESS: Registration Section Division of Corporations Division of Corporations P. O. Box 6327 Tallahassee, FL 32314	Enclo	sed is a check	for the following amo	ount:		
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2661 Executive Center Circle Tallahassee, FL 32314			tions			
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LAUAUASSEE DI. 37300				Talianassee	, FL 32314	

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

Heritag	ge Phoenix, Ltd	<u>. </u>	_
Insert name currently o			'
Pursuant to the provisions of section 620.1202 limited liability limited partnership, whose cer April 21, 1993, assigned	tificate was filed w Florida document i	with the Florida Department of Snumber <u>A93000000425</u>	State on
adopts the following certificate of amendment	to its certificate of	limited partnership.	
This amendment is submitted to amend the followir	ng:		
A. If amending name, enter the new name of there:	ne limited partnersh	tip or limited liability limited pa	<u>rtnership</u>
New name must be disting	uishable and contain a	n acceptable suffix.	
Acceptable Limited Partnership suffixes: Limited Partn Acceptable Limited Liability Limited Partnership suffix	ership, Limited, L.P., I es: Limited Liability L	LP, or Ltd. imited Partnership, L.L.L.P. or LLLP.	
B. If amending mailing address and/or principal office address here:	ncipal office addr	ess, enter new mailing address	and/or
New Principal Office Address: (Must be STREET address)	98A-104-1011	AHXSS SS	2010 APR 16
New Mailing Address: (May be post office box)		E, FLOW	PH 2: 5
C. If amending the registered agent and/or represent registered agent and/or the new registered of		ess on our records, enter the na	C)
Name of New Registered Agent:			
New Registered Office Address:	Enter F	Florida street address	
_	City	, Florida Zip Code	
	~,	Lip Couc	

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 Chan	ging Registered	Agent, Sign	ature of New Registered Agent

D.	lf	amendin	g the genera	l partner(s),	enter the	name and	business	address	of each	general	partner	heing
			ved from our									

<u>Title</u>	Name	Address	Type of Action
<u>GP</u>	The West Perrine Community Dev. Corp. Inc. #766122	17623 Homestead Avenue Miami, FL 33157	Add Remove
			Add Remove
			Add Remove: APR
			Add Remove
			Add S S S Remove S
 -			Add Remove
the limited p	artnership or limited liability	limited partnership is amend	ing its "limited liability

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."
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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.)

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		•
	ate of filing:	by the Florida Department of
te.)		
nature(s) of a general partne	er or all general partners*:	
OTE: Only one current general part	tner is required to sign this document unless the limite	ed partnership is adding or
oving a "limited liability limited part	tnership" election statement. Chapter 620, F.S., requi	
n adding or removing a "limited liab : Heritage Partners Grou	oility limited partnership" election statement.)	
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nature(s) of all new or dissoc	ciating general partner(s), if any:	6巻 —
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nature(s) of all new or dissoc	ciating general partner(s), if any:	AR / 9+ STATE SSEE. FLORIT
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gnature(s) of all new or dissoc ling Fee: ertified Copy (optional):	siating general partner(s), if any: \$52.50 \$52.50	AR (95 STATE SSEE, FLORIT



BANYAN REALTY ADVISORS LLC

Via Federal Express

April 15, 2010

Florida Department of State Division of Corporations 2661 Executive Center Circle Tallahassee, FL 32301 Phone #850-245-6051

Re: Heritage Phoenix, Ltd.

To Whom It May Concern:

Enclosed please find the Certificate of Amendment to Certificate of Limited Partnership and check #3250 in the amount of \$52.50. Please process accordingly and provide written confirmation when filed. Thank you.

Your courtesy and assistance is greatly appreciated and should you have any questions please feel free to call me at 561-478-9800 x107 or email: jlager@banyanadvisor.com

Singerely

etified Legal Assistant

Enclosure