## A-9500001483

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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500 ACCOUNT NO. : I2000000195 REFERENCE : 728778 5141221 AUTHORIZATION COST LIMIT ORDER DATE: July 30, 2015 ORDER TIME: 8:58 AM ORDER NO. : 728778-060 CUSTOMER NO: 5141221 DOMESTIC AMENDMENT FILING NAME: AEC/PINES DEVELOPMENT, LTD EFFECTIVE DATE: XX 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

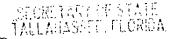
CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER'S INITIALS:

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## TO TALLAHASSET, FLORIDA CERTIFICATE OF LIMITED PARTNERSHIP OF



	DEVELOPMENT, LTD.			
Insert name currently on	n 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 10/3/95, assigned Florida document number A95000001483,				
adopts the following certificate of amendment t	to its certificate of limited partnership.			
This amendment is submitted to amend the following	g:			
A. If amending name, enter the new name of the here:	e limited partnership or limited liability limited partnership			
New name must be distingui	uishable and contain an acceptable suffix.			
Acceptable Limited Partnership suffixes: Limited Partner Acceptable Limited Liability Limited Partnership suffixes	ership, Limited, L.P., LP, or Ltd. es: Limited Liability Limited Partnership, L.L.L.P. or LLLP.			
B. If amending mailing address and/or principal office address here:	ncipal office address, enter new mailing address and/or			
New Principal Office Address: (Muss be STREET address)				
New Mailing Address: (May be post office box)				
C. If amending the registered agent and/or registered agent and/or the new registered of	istered office address on our records, enter the name of the ffice 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 Changin	o Register	tron A be	Signature of N	Jew Registered Agent
II CHERRI	IE INCEISIOI		. Signature of r	ACM UCKINICIEN UKENI

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>	Type of Action
<u>GP</u>	AERC WINDSOR PINES, INC.	1 AEC Parkway Richmond Heights OH 44143	Add ✓ Remove
GP	AERC WINDSOR PINES, LLC	1 AEC Parkway Richmond Heights OH 44143	✓ Add ☐ Remove
	<u>,</u>		Add Remove
			Add Remove
<del></del>			Add Remove
			Add Remove
	l partnership or limited liabilit hip" status, enter change here:	y limited partnership is am	ending its "limited liability
This Limit	ed Partnership hereby elects to be	e a "Limited Liability Limited	Partnership."
This Limit	ed Partnership hereby removes it	s "Limited Liability Limited I	Partnership" status.

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

<del></del>	
Effective date, if other than the date of filing: (Fffective date cannot be prior to nor more than 90 days after State.)	r the date this document is filed by the Florida Department of
Signature(s) of a general partner or all general [	partners*:
(*NOTE: Only one current general partner is required to signemoving a "limited liability limited partnership" election state when adding or removing a "limited liability limited partnership and the liability limited partnership."	tement. Chapter 620, F.S., requires all general partners to sign
BV	
Scott D. Irwin, Authorized Representative	***************************************
	A SAME AND
Signature(s) of all new or dissociating general pa	artner(s), if any:
AERC WINDSOR PINES, LLC By:	
Scott D. riwin, Authorized Representative	
ABRC WINDSOR PINES, INC.	
Scott D. Irwin, Director	The state of the s
31. 11. 12. 12. 12. 12. 12. 12. 12. 12. 1	
	——————————————————————————————————————
P	
Filing Fee: \$52.50 Certified Copy (optional): \$52.50	
Certificate of Status (optional): \$8.75	