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(Requestor's Name)		
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PICK-UP WAIT MAI	L	
(Business Entity Name)		
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(Document Number)		
Certified Copies Certificates of Status		
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S Warren FEB 09 2017

COVER LETTER

TO: Registration Section

Division of C	orporations			
SUBJECT: Lake Washington Shoppes, 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 corre	espondence concerni	ng this matter to:		
Dawn	Alamci Contact Person	· · · · · · · · · · · · · · · · · · ·		
DDA. Pro	perties,	Inc.		
2330 N. Wickham Rd., Suite 17				
Melbourne, FL 32935 City, State and Zip Code				
1 1	oe used for future annual	report notification)		
For further information	on concerning this m	atter, please call:		
Dawn Ala Name of Contac	MC t Person	at (321) (Area Code and Day	526-8893 time Telephone Number	
Enclosed is a check for	or the following amo	unt:		
\$52.50 Filing Fee	\$61.25 Filing Fee and Certificate of Status	\$105.00 Filing Fee and Certified Copy	\$113.75 Filing Fee, Certified Copy, and Certificate of Status	
STREET ADDRESS	S: -	MAILING A	ADDRESS:	
Registration Section		Registration		
Division of Corporati	ons	Division of (
Clifton Building		P. O. Box 63		
2661 Executive Cente		Tallahassee,	FL 32314	
Tallahassee, FL 3230)1			

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

Lake Washing Insert name currently	ton Shoppe on file with Florida Depart	tment of State	d	
Pursuant to the provisions of section 620.1202 limited liability limited partnership, whose ce 2/23/1996, assigned adopts the following certificate of amendmen	rtificate was filed with Florida document num	n the Florida mber <u>A</u> A	Department of S	tate on
This amendment is submitted to amend the following	ing:			
A. If amending name, <u>enter the new name of t</u> <u>here</u> :	the limited partnership	or limited lia	bility limited par	tne rs hip
New name must be disting	guishable and contain an a	cceptable suffix	•	
Acceptable Limited Partnership suffixes: Limited Partr Acceptable Limited Liability Limited Partnership suffix			, L.L.L.P. or LLLP.	
B. If amending mailing address and/or pri principal office address here:	incipal office address	, enter new	mailing 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 on the new registered of the new r		on our recor	ds, <u>enter the na</u> n	<u>1e of the</u>
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Flor	ida street addr	ess	
	City	, Florida	Zin Code	**********
	Cuy		in The same	State Assessed

Page 1 of 3

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 Designed	Acces Ciamones	of New Registered Agent
ii i .ranging kepislera .	Ageni Signanne	III NEW REVISIEND APEN
C.mBurg r.aBmarian		A

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
Vice	<u>President</u>	Dawn Arnold Alamri	500 Palm Springs B UNIT GII Indian Harbour Beh, F 32937	Ivd MAdd ☐ Remove ☐ Add
				Remove Add Remove
				Add Fremove 71
				Remove
		artnership or limited liability " status, enter change here:	limited partnership is amen	ding its "limited liability
	This Limited	Partnership hereby elects to be a	"Limited Liability Limited Pa	artnership."
	This Limited	Partnership hereby removes its '	Limited Liability Limited Par	tnership" 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 cl	hange(s) here: (Attach additional sheets, if necessary.)
Effective date, if other than the date of filing:	er the date this document is filed by the Florida Department of
(Effective date cannot be prior to nor more than 30 days and State.)	er ine date trus document is fued by the Florida Department of
Signature(s) of a general partner or all general	partners*:
(*NOTE: Only one current general partner is required to si	gn this document unless the limited partnership is adding or atement. Chapter 620, F.S., requires all general partners to sign
Donald amold	
Signature(s) of all new or dissociating general p	partner(s), if any:
Thun andl Alami	
Filing Fee: \$52.50	
Certified Copy (optional): \$52.50 Certificate of Status (optional): \$8.75	