## A9400001068

(Re	equestor's Name)	
(Ad	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bı	isiness Entity Nan	ne)
(Do	ocument Number)	··-
Certified Copies	_ Certificates	of Status
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FILED
2018 DEC 21 A 9: 22
SECRETARY OF STATE

D. BRUCE DEC 21 2016



## FLORIDA DEPARTMENT OF STATE Division of Corporations

December 13, 2016

DAVID C. STRONG STRONG PROPERTIES, INC. 1201 S. ORLANDO AVENUE, SUITE 203 WINTER PARK, FL 32789

SUBJECT: CONWAY CLUB PARTNERS, LTD.

Ref. Number: A9600001068

We have received your document for CONWAY CLUB PARTNERS, LTD. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please can (850) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 916A00026442

## CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

Conway C	lub Partners, Lt	d.	
Insert name currently on f	ile with Florida Depart	ment of State	
Pursuant to the provisions of section 620.1202, I limited liability limited partnership, whose certificate 6, 1996, assigned Floadopts the following certificate of amendment to	ficate was filed with orida document nur	the Florida Department of Stat nber <u>A9600001068</u>	e on
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the here:	limited partnership	or limited liability limited partn	ership
New name must be distinguis	shable and contain an ac	cceptable suffix.	
Acceptable Limited Partnership suffixes: Limited Partners Acceptable Limited Liability Limited Partnership suffixes:			
B. If amending mailing address and/or princ principal office address here:	ipal office address	, <u>enter new mailing address a</u>	<u>ıd/or</u>
New Principal Office Address: (Must be STREET address)		2015 DEC	Π
New Mailing Address: (May be post office box)		SSE 21	ם ח כ
C. If amending the registered agent and/or regis new registered agent and/or the new registered offi		A 12	of the
Name of New Registered Agent:			
New Registered Office Address:	Enter Flor	ida street address	
	a.	, 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.

<u>'itle</u>	<u>Name</u>	<u>Address</u>	Type of Action
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			Rémov≧
•			HARRING CO.
	<del> </del>		
			[]D

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

F. If amending any other infor		•	·		sheets, if ned	cessary.,	)
The latest date upon which the latest date upon	imitea p	partnersnip is	set to diss	oive is			
2000 mpc 1 0 1, 2000.							
<del></del>							<del></del>
					•		
Effective date, if other than the date (Effective date cannot be prior to nor more State.)			te this docume	nt is filed by th	se Florida De	:partmer	nt of
Signature(s) of a general partner	or all ge	eneral partne	<u>ers*:</u>				
(*NOTE: Only one current general partner removing a "limited liability limited partner when adding or removing a "limited liability limited liability limite	ership" ele itv limited	ection statement.	Chapter 620,	F.S., requires			
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Signature(s) of all new or dissociate	ating gei	neral partner	(s), if any:		> 1	2	
	<u> </u>						
	<del></del>					·····	
				<u> </u>			
Filing Fee: Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$52.50 \$8.75						