

Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : BILZIN SUMBERG BAENA PRICE & AXELROD LLP

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. Email Address: msinger9@gmail.com

LP/LLLP AMENDMENT/RESTATEMENT/CORRECTION MDDS PARTNERSHIP, LTD.

Certificate of Status	• 1
Certified Copy	1
Page Count	03
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CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP

	PARTNERSHIP L		
Insert name currer	ntly on file with Florida Depa	rtment of State	
Pursuant to the provisions of section 620.1 limited liability limited partnership, whose August 21, 1996, assign	e certificate was filed wit ned Florida document no	th the Florida Department of Sta nmberA9600001567	
adopts the following certificate of amenda	nent to its certificate of I	imited partnership.	
This amendment is submitted to amend the following	lowing:		
A. If amending name, enter the new name here:	of the limited partnershi	or limited liability limited parts	nership
MDDS	PARTNERSHIP LL	LP	
	stinguishable and contain an		·
Acceptable Limited Partnership suffixes: Limited I Acceptable Limited Liability Limited Partnership s	Partnership, Limited, L.P., LI suffixes: Limited Liability Lim	P, or Ltd. hited Partnership, L.L.L.P. or LLLP.	
B. If amending mailing address and/or principal office address here:	principal office addres	s, <u>enter new mailing address a</u>	ind/or
New Principal Office Addre	ess:	·	
(Must be STREET address)			
•			
New Mailing Address: (May be post office hox)			
C. If amending the registered agent and/or new registered agent and/or the new registered agent and/or the new registered agent:	r registered office addres red office address here:	s on our records, enter the name	of the
New Registered Office Address:			
	Enter Flo	orida street address	
	•	F1 (1)	
	City	, Florida <u>Zip Code</u>	
	City	≥ p code	
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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 Registered Agent, Signature of New Registered Agent

D.	. If amending the general partner(s), enter the name and busin	ess address of each	general partner	being
<u>adç</u>	ided or removed from our records:			

	Title	Name	Address	Type of Action
	GP	MAS of Central Florida, Inc.	16302 NW 90th Street Alachua, FL 32615	Add Remove
	<u>GP</u>	Michael A. Singer	16302 NW 90th Street Alachua, FL 32615	✓ Add Remove
				Add Remove
·	·			Add Remove
				Add Remove
	· 			Add Remove
		partnership or limited liability or status, enter change here:		ding its "limited liability
V	This Limited	Partnership hereby elects to be	a "Limited Liability Limited Pa	rtnership."
	This Limited	Partnership hereby removes its	"Limited Liability Limited Par	tnership" status.
NOT	<u>E:</u> If adding or t	removing" limited liability limited pa	urtnership" status, all general partne	ers must sign this amendment.)

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F. If amending any other information, o	enter chang e (s) h	ere: (Attach additional sheets, if necessary.)
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ffective date if other than the date of filing		January 1, 2016
ffective date, if other than the date of filing Hective date cannot be prior to nor more than 90 c late.)	lays after the date t	his document is filed by the Florida Department of
ignature(s) of a general partner or all ge	eneral partners	• •
NOTE: Only one current general partner is requir moving a "limited liability limited partnership" ele	ction statement. Ci	hanter 620, F.S., requires all general partners to sig
hen adding or removing a "limited liability limited	partnership" election	on statement.)
Michael denn		
Michael A. Singer		
		
	_	
gnature(s) of all new or dissociating gen	 aral nartnar(e)	if one
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