## A1000000016

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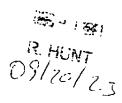
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DIVISION OF CORPORATIONS
2023 SFP 20 PM 12: 1.0



## **COVER LETTER**

<b>TO:</b> Registration S Division of C						
SUBJECT: Roosevel	t Square Limited Liability	y Limited Partnership				
	me of Florida Limited Par	rtnership or Limited L	iabilit	y Limited Partnership	_	
The enclosed Certific	cate of Amendment a	nd fee(s) are subm	itted	for filing.		
Please return all corr	espondence concerni	ng this matter to:				
Kim Lavigne						
	Contact Person					
	Firm/Company					
1545 Peachtree Street, S	uite 500				202	3
	Address				2023 SEP 20	Č
Atlanta, Georgia 30309					6	Ç
C	ity, State and Zip Code				0	002
E-mail address: (to	be used for future annual	report notification)			PH 12: 40	A FIGIOR OF CONFORMIDA
For further informati	on concerning this ma	atter, please call:			_	
Kim Lavigne		at ( 404	891-9	9179		
Name of Contac	et Person	Area Code and	d Dayı	ime Telephone Number	_	
Enclosed is a check f	or the following amo	unt:				
■ \$52.50 Filing Fee	☐\$61.25 Filing Fee and Certificate of Status	□\$105.00 Filing and Certified Copy		☐\$113.75 Filing Fee, Certified Copy, and Certificate of Status		
Mailing Address: Registration Section		Street A				
· · · · · · · · · · · · · · · · · · ·			ration Section on of Corporations			
P.O. Box 6327				f Tallahassee		
Tallahassee, FL 3231	4	2415 N.	Mon	roe Street, Suite 810		

Tallahassee, FL 32303

## CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

artnership
file with Florida Department of State
Florida Statutes, this Florida limited partnership or ficate was filed with the Florida Department of State on lorida document number A97000000016, o its certificate of limited partnership.
;;
limited partnership or limited liability limited partnership
shable and contain an acceptable suffix.
ship, Limited, L.P., LP, or Ltd. : Limited Liability Limited Partnership, L.L.L.P. or LLLP.
cipal office address, enter new mailing address and/or
2023 SEP
2023 SEP 20 PM 12:
red office address on our records, enter the name of the new
ddress here:
Enter Florida street address
[7] d .
, 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 Changing Registered Ag	ent. Signature of New	Registered Agent

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> <u>Type of Action</u>	
	MOISTAID
Add Remove	, <u>j</u> or
	SHAFF ORALLON,

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."
- ☐ 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.)

F. If amending any other inform	ation, enter change(s	i) here: (Attach additional	sheets, if necessary.)
	·		
	<del></del>		· <u>.</u> .
		<del></del>	
····			
Effective date, if other than the date of (Effective date cannot be prior to nor more to State.)		ate this document is filed by th	he Florida Department of
Note: If the date inserted in this block does in the listed as the document's effective date on			this date will not
The first tis the document is enderthe date with	the 15 optimient of 15th	o s records.	
		_	
Signature(s) of a general partner of	r all general partn	ers*:	
(*NOTE: Only one current general partner removing a "limited liability limited partners when adding or removing a "limited liability	ship" election statement	. Chapter 620, F.S., requires	
ROOSEVELT SQUARE MANAGER, INC.	•		
Bv:	7		
John K. Dewberry, President	<del>/</del>		
			<u>-</u> .
			·
Signature(s) of all new or dissociati	ing ganaral nartna	r(c) if any	714 is
Signature(s) of an new of dissociati	ing general partite	115), 11 any.	SEP SEP
			20
			<del></del>
			PM 12
			<b>9</b>
Filing Fee: \$5	52.50		
Certified Copy (optional): \$5	52.50 \$8.75		