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### CT CORP

#### 3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724 850-508-1891 (cell)

Date:	9/27/17		
		CT. 120160000072	wit-
Name:	TBI/Palm Bea	ach Limited Partnership	(FL)
Document #:			
Order #:	10652548		
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing:			
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Thank you!

## CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

TBI/PALM BE	ACH LIMITED PAR	TNERSHIP	
Insert name currently on	file with Florida De	partment of State	
Pursuant to the provisions of section 620.1202, limited liability limited partnership, whose cert March 20, 1997, assigned Fadopts the following certificate of amendment	ificate was filed v Iorida document	vith the Florida Department of State on number A97000000685	n •
dopts the following certificate of amendment	to its certificate o	i ilimted partnership.	
This amendment is submitted to amend the following	g;		,
A. If amending name, enter the new name of the	e limited partners	hip or limited liability limited partners	<u>hip</u>
<u>here</u> ;			
New name must be distingu	ishable and contain a	un acceptable suffix.	
_		ġ,	
Acceptable Limited Partnership suffixes: Limited Partne Acceptable Limited Liability Limited Partnership suffixe			
3. If amending mailing address and/or prin	cinal office addr	ess, enter new mailing address and	or
principal office address here:	cipar office auto	<u> </u>	<u></u>
Name District Office Address			
New Principal Office Address: (Must be STREET address)	-	0.5	^.
,		<u> </u>	
New Mailing Address:			
(May be post office box)			
			.,
C. If amending the registered agent and/or reginew registered agent and/or the new registered of		ess on our records, enter the name of	tne
Name of New Registered Agent:			transki
New Registered Office Address:			
now registered Office Address.	Enter l	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 h
am familiar with and accept the obligations of my position as registered agent.

14' ( 'hannerina	Danierare	Lagari Ci	ARABUTA.	of None	Doguetored A	CLOSE
n Changing	Negistereu	MEGIII OI	gnature	OT TACK	Registered A	<b>P</b> CIII

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>Titl</u>	<u>e</u>	<u>Name</u>	Address	Type of Action
••••				
	<del></del>			☐ Add.☐ Remove
	<del></del>			Add Remove
	·····			☐ Aild: ← ☐ Rémove Col
				☐ Add ☐ Remove

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

This Limited Partnership hereby removes its "Limited Liability Limited Partnership" status.

F. If amending any other info	rmation, e	enter change(s)	here: (Attach add	itional sheets, if necessary.)
7. The latest date upon which the limit	ed partners	hip is to be dissol	ved is October 31, 20	037,
	· · · · · · · · · · · · · · · · · · ·	•		
Effective date, if other than the da (Effective date cannot be prior to nor mo	te of filin	g: days after the dat	te this document is fil	ed by the Florida Department of
State.) Note: If the date inserted in this block do be listed as the document's effective date				ements, this date will not
Signature(s) of a general partne	r or all a	eneral nartne	re*•	
(*NOTE: Only one current general partiremoving a "limited liability limited partiremoving a "limited liability limited l	ner is requi nership" ele	red to sign this do ection statement.	ocument unless the li Chapter 620, F.S., re	
when adding of removing a limited hab	mty minted	patinership elec	etion statement.)	
Kenneth J. Greenspan, VP of Toll FL GI	Corp.,			
General Partner				\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
				27 A
Signature(s) of all new or dissoc	iating ge	neral partner(	(s), if any:	H 8: 45
			**************************************	
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				<u> </u>
Filing Fee: Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$52.50 \$8.75			