## 197000002035 UCC FILING & SEARCH SERVICES, INC.

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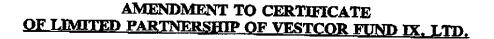
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PAPPAS, METCALF & JENKS



THE UNDERSIGNED, desiring to amend its Certificate of Limited Partnership, in accordance with Section 620.109, Fla. Stat., hereby certifies the following:

- The name of the Limited partnership is "VESTCOR FUND IX, LTD." 1. ("Partnership").
- 2. The date of filing of the Certificate of Limited Partnership was September 19, 1997, as amended by the Amendment to Certificate of Limited Partnership filed March 10, 1998.
- The Amendment to the Certificate of Limited Partnership is as follows: 3.

St. Johns Housing Partnership, Inc., a Florida not for profit corporation, has withdrawn as a General Partner, so that the remaining General Partner of the partnership is Vestcor Partners IX, Inc., a Florida corporation.

IN WITNESS WHEREOF, the undersigned does solemnly swear that the foregoing statements are true and correct as of this 10th day of October, 1998.

General Partner:

Vestcor Partners IX, Inc.

(Print Name:

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PAPPAS, METCALF & JENKS

Ø 003

STATE OF FLORIDA }
COUNTY OF DUVAL }

The foregoing instrument was acknowledged before me this day of October 1998 corporation, on behalf of the corporation.

The foregoing instrument was acknowledged before me this day of October 1998 corporation, on behalf of the corporation.

Print Name LAMMA Pener NOTARY PUBLIC State of Flonda at Large Commission # Del 7 2001 My Commission Expires:

Personally Known or Produced I.D. [check one of the above]

Type of Identification Produced

Tammy Renee York

My Commission CC704077

Expires December 21, 2001

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PAPPAS. METCALF & JENKS

Ø 004

(Print Name: Michelle

St. Johns Housing Partnership. secutive Director

STATE OF FLORIDA

}\$\$

COUNTY OF DUVAL

The foregoing instrument was acknowledged before me this 30 day of October, 1998, by BILL LAZAAR, Executive Director of St. Johns Housing Partnership, Inc., a Florida not for profit corporation, on behalf of the corporation.

(Print Name

State of Commission # CC660285 EXPIRES

Commission FOR THRU TROY FAIN INSURANCE, INC.

My Commission Expires:

Personally Known or Produced I.D.

[check one of the above]

Type of Identification Produced