

6/30/16

FLORIDA DIVISION OF CORPORATIONS

2:50 PM

A9700002053

PUBLIC ACCESS SYSTEM
ELECTRONIC FILING COVER SHEET

((H16000159132 2)))

TO: DIVISION OF CORPORATIONS

FAX #: (850) 922-4003

FROM: SHUTTS & BOWEN LLP (ORLANDO)
CONTACT: TRACY AUGUSTYNI
PHONE: (407) 835-6769

ACCT#: I20030000004

FAX #: (407) 843-4076

NAME: PLAZA ON MAIN LIMITED PARTNERSHIP

AUDIT NUMBER.....H16000159132

DOC TYPE.....LIMITED PARTNERSHIP AMENDMENT

CERT. OF STATUS..0

PAGES..... 4

CERT. COPIES.....0

DEL.METHOD.. FAX

EST.CHARGE.. \$52.50

NOTE: PLEASE PRINT THIS PAGE AND USE IT AS A COVER SHEET. TYPE THE FAX
AUDIT NUMBER ON THE TOP AND BOTTOM OF ALL PAGES OF THE DOCUMENT

** ENTER 'M' FOR MENU. **

ENTER SELECTION AND CR:

FILED
2016 JUN 30 PM 3:40
SECRETARY OF STATE
TALLAHASSEE FLORIDA

M. MILLIGAN
EXAMINER

JUN 30

**CERTIFICATE OF AMENDMENT
TO
CERTIFICATE OF LIMITED PARTNERSHIP
OF**

PLAZA ON MAIN LIMITED PARTNERSHIP

Insert name currently on file with Florida Department of State

Pursuant to the provisions of section 620.1202, Florida Statutes, this Florida limited partnership or limited liability limited partnership, whose certificate was filed with the Florida Department of State on SEPTEMBER 23, 1997, assigned Florida document number A97000002053, adopts the following certificate of amendment to its certificate of limited partnership.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited partnership or limited liability limited partnership here:

New name must be distinguishable and contain an acceptable suffix.

Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.

Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.

B. If amending mailing address and/or principal office address, enter new mailing address and/or principal office address here:

New Principal Office Address:

(Must be STREET address)

5454 Wisconsin Ave., Suite 1265

Chevy Chase, MD 20815

New Mailing Address:

(May be post office box)

5454 Wisconsin Ave., Suite 1265

Chevy Chase, MD 20815

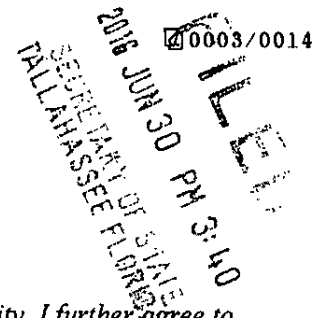
C. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter 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 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 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>
GP	MDR Plaza Limited Partnership	5454 Wisconsin Ave., Suite 1265 Chevy Chase, MD 20815	☐ Remove
GP	MDR Plaza, Inc., a FL corporation	5454 Wisconsin Ave., Suite 1265 Chevy Chase, MD 20815	☐ Add
_____	_____	_____	Add Remove
_____	_____	_____	Add Remove
_____	_____	_____	Add Remove
_____	_____	_____	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."

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 information, enter change(s) here: *(Attach additional sheets, if necessary.)*

N/A

Effective date, if other than the date of filing: _____

(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

Signature(s) of a general partner or all general partners*:

(*NOTE: Only one current general partner is required to sign this document unless the limited partnership is adding or removing a "limited liability limited partnership" election statement. Chapter 620, F.S., requires all general partners to sign when adding or removing a "limited liability limited partnership" election statement.)

MDR PLAZA, INC., a Florida corporation

By: Michael D. Rubin, President

Signature(s) of all new or dissociating general partner(s), if any:

MDR Plaza Limited Partnership

By: MDR PLAZA, INC., a Florida corporation, its general partner

By: Michael D. Rubin, President

Filing Fee: \$52.50
 Certified Copy (optional): \$52.50
 Certificate of Status (optional): \$8.75

FILED
 2016 JUN 30 PM 3:40
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA