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To:

Division of Corporations

Fax Number : (850)617-6383

From.

Account Name . : ZIMMERMAN, KISER, & SUTCLIFFE, P.A.

Account Number : I19990000006 Phone : (407)425-7010

Fax Number : (407)425-2747

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: Elaine. Santiago@ cornerstonegrp com

LP/LLLP AMENDMENT/RESTATEMENT/CORRECTION CYPRESS TRACE ASSOCIATES, LTD.

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COVER LETTER

TO:	Registration Division of C			·
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ELAIN	RE SANTIAGO			
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	····	City, State and Zip Code		
ELAI	NE.SANT!AGO	@CORNERSTONEGRA.	COM	
- · - E	-mail address: (to	sunas souph tot beau so	report porification)	
For fu	utácr informat	ion concerning this m	atter, please call:	
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	n Building Executive Cen	ter Cimia	P. O. Box 6327 Tallaliassee, FL 32314	
	nasses, FL 32.		i anattasee,	A A JAJAT

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CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

CYPRESS TRACE ASSOCIATES, LTD.		
Insert name currently on fil	e with Florida Departs	ment of State
Pursuant to the provisions of section 620.1202, Fl limited liability limited partnership, whose certific 12/18/1997 , assigned Floradopts the following certificate of amendment to its contraction of the	cate was filed with rida document nur	the Florida Department of State on other A97000002750
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the linere:	imited partnership	or limited liability limited partnership
New name must be distinguish	and contain an as	ceeptable suffix.
Acceptable Limited Partnership suffixes: Limited Partnersh Acceptable Limited Liability Limited Partnership suffixes:	hip, Llmit e . L.P., LP, Limited Liability Limi	or Ltd. ted Parinership, L.L.L.P. or LLLP.
B. If amending mailing address and/or principal office address here:	pal office address	enter new mailing actives and or
New Principal Office Address: (Mun be STREET address)		
New Mailing Address: (May be post office box)		
C. If amending the registered agent and/or registered neemt and/or the new registered office	ered office; ddress	on our records, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	Enter Floi	rida sveet address
	·.	, Piorida
	City	Zip Code

Page 1 of 3

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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 business address of each general partner being added or removed from our records:

<u>Title</u>	Name	Address	Type of Action
42 4,		1	D Add Remove.
77.0 \$2.70			AddSSS
			Addd Remijove
			Add Remove
			Add Remove
المراجعة			_ □ 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 \(\) inbility Limited Partnership" status.

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

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	.1. 1.
Effective date, if other than the date of filing: Effective date cannot be prior to nor more than 90 days after tate.) Note: if the date inserted in this block does not meet the applied listed as the document's effective date on the Department of the section of the Department of the determinant of the december of the department of the determinant of the determinant of the department of the determinant of th	r the date this document is filed by the Florida Department of icable statutory filing requirements, this date will not
ignature(s) of a general partner or all general partner or all general partner is required to signature or all general partner is required to signature or a "limited liability limited partnership" election states	n this document unless the limited partnership is adding or toment. Chapter 620, F.S., requires all general partners to sign
then adding or removing a "limited liability limited partners	hip" election statement
CORNERSTONE CYPRESS TRACE, LLC	- Inh
lorge Lopez, Chairman	
	SE SE
	The state of the s
Signature(s) of all new or dissociating general pr	E No
	<u> </u>
Filing Fee: \$52.50	
Certified Copy (optional): \$52.50	