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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : BILZIN SUMBERG BAENA PRICE & AXELRODILLP Account Number : 075330000132
Phone : (305)374-7580
Fax Number : (305)351-2122

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

Email Address:

LP/LLLP AMENDMENT/RESTATEMENT/CORRECTION AP-ADLER OAKES, LTD.

Certificate of Status	1
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OCT 2 . 2020

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

AP-Adler Oakes Ltd			
Insert name currently on file	e with Florida Dep	artment of State	
Pursuant to the provisions of section 620.1202, Fl limited liability limited partnership, whose certific 02/12/1998, assigned Floradopts the following certificate of amendment to its partnership and partnership.	cate was filed winda document n	ith the Florida Department of State umber A98000000411	on
This amendment is submitted to amend the following:		•	
A. If amending name, enter the new name of the li	mitad na rtners h	in or limited liability limited partner	shin
A. If amending name, enter the new name of the name of	miteu partnersii	th of Hillited Habitity Impried Parities.	<u> </u>
	,		_
New name must be distinguish	able and contain ar	acceptable suffix.	
Acceptable Limited Partnership suffixes: Limited Partnersh Acceptable Limited Liability Limited Partnership suffixes: 1	ip, Limited, L.P., L Limited Llability Li	P, or Ltd mited Partnership, L.L.L.P. or LLLP.	
B. If amending mailing address and/or princip principal office address here:	oal office addre	ss, enter new mailing address and	<u>Vor</u>
New Principal Office Address: (Must be STREET address)		2/20 00	, T
New Mailing Address: (May be post office box)		2	
C. If amending the registered agent and/or registere	ed office address	 on our records, enter the name of the	new
registered agent and/or the new registered office add	iress here:		
Name of New Registered Agent:			
New Registered Office Address:	Enter F	lorida 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:

Title	Name	<u>Address</u>	Type of Action
GP	Adler Oakes GP 2 LLC	9050 Pines Blvd Ste 101 Pembroke Pines, FL 33024	_ Add _ Remove
<u>GP</u>	Oakes Flexxspace 2 LLC	9050 Pines Blvd Ste 101 Pembroke Pines, FL 33024	_
			_
			☐ 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.)

			<u>.</u>
			
		<u> </u>	
Effective date, if other than the date (Effective date cannot be prior to nor more	of filing: than 90 days after	the date this document is	s filed by the Florida Department of
State.) Note: If the date inserted in this block does			uirements, this date will not
be listed as the document's effective date or	a the Department o	of State's records.	
Signature(s) of a general partner of	or all general p	artners*:	
(*NOTE: Only one current general partner	r is required to sign	this document unless the	e limited partnership is adding or
removing a "limited liability limited partner when adding or removing a "limited liability	rship" election stat y limited partnersh	ement Chapter 620, F.S. ip" election statement.)	., requires all general parmers to sign
OAKES FLEXXSPACE 2 LLC	, ,		
Tina M Spans			
			
			
Signature(s) of all new or dissociat	ting general pa	rtner(s), if any:	
To u.C.			
Me M Jano			
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- 	\$52.50 \$52.50		
The state of the s	\$ 52.50 \$ 8. 75		•