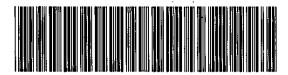
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(Address)
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(City/State/Zip/Phone #)
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T. HAMPTON

MAY - 8 2009

EXAMINER

COVER LETTER

TO: Registration Section

Division of Co	orporations				
	rure View 1 ne of Florida Limited Part	nership or Limited Liability	/ Limited Partnership)		
The enclosed Certific	ate of Amendment an	d fee(s) are submitted	for filing.		
Please return all corre	spondence concernin	g this matter to:			
Nilsa Ster	Wart (Contact Person)	**			
Summit Ea	St Manager (Firm/Company)	ment			
1625 Summi	+ Lake Dr. <	wite 229			
Talbhassee,	FL. 32317 City, State and Zip Code)				
For further information	on concerning this ma	tter, please call:			
Nilsa Stew (Name of Conta			9.5289		
(Name of Conta-	et Person)	(Area Code and Da	aytime Telephone Number)		
Enclosed is a check fe	or the following amou	ınt:			
\$52.50 Filing Fee	\$61.25 Filing Fee and Certificate of Status	\$105.00 Filing Fee and Certified Copy	\$113.75 Filing Fee, Certified Copy, and Certificate of Status		
STREET ADDRESS	S:	MAILING A	ADDRESS:		
Registration Section		Registration	Section		
Division of Corporati	ons	Division of Corporations			
Clifton Building		P. O. Box 63	27		
2661 Executive Center		Tallahassee,	FL 32314		
Tallahasasa El 2026	11				

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

Future View L	td.		
(Insert name currently on	file with Florida Dep	artment of State)	
Pursuant to the provisions of section 620.1202, limited liability limited partnership, whose cert adopts the following certificate of amendment to	ificate was filed w	ith the Florida Depa	rtment of State on
This amendment is submitted to amend the following	g:		
A. If amending name, enter the new name of the here:	e limited partnersh	<u>ip or limited liability</u>	limited partnership
(New name must be distingui	ishable and contain a	nn acceptable suffix.)	
Acceptable Limited Partnership suffixes: Limited Partne Acceptable Limited Liability Limited Partnership suffixe.			P. or LLLP.
B. If amending mailing address and/or prin principal office address here:	cipal office addre	ess, <u>enter new maili</u>	ng address and/or
New Principal Office Address:			
(Must be STREET address)			
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, <u>er</u>	iter the name of the
Name of New Registered Agent:			09
New Registered Office Address:	* ***		MAY STORE
	(Enter 1	Florida street address)	-7
		, Florida	P
	(City)	(Zi	p Code) RAII

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 t	he general	partner(s),	enter th	e name	and	business	address	of eac	ch general	partner	being
ade	ded or removed	l from our i	records:									

<u>Title</u>	Name	<u>Address</u>	Type of Action	
	Terra Vista, Inc	1625 Summit Lake Dr Suite 229 Tailahassee FL 32317	Add Remove	
	Terva Vista, LLC	1625 Summit Lake Drive Suite 229 Tailahassee, FL 32317	☐ Remove	DIV
			Add AY - 7	SECRETARY DIVISION OF CO
			Add Remove N	ILED RY OF STATE CORPORATIONS
			☐ 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:

u	This Limited Pa	artnership he	ereby e	lects to b	e a "Limit	ed 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.)

	,			
				······································
				
Effective date, if other than the dat	te of filing:			
Effective date cannot be prior to nor mo	re than 90 days afte	r the date this do	ocument is filed b	y the Florida Department of
tate.)			•	
lignature(s) of a general partner	r or all general	oartners*:		
*NOTE: Only one current general partr				
emoving a "limited liability limited partry when adding or removing a "limited liabi				res all general partners to sign
α				
(Horse Barles	<u> ν.ρ.</u>			
		•		
			10.10	
Signature(s) of all new or dissoci	iatina aanaral n	artnar(c) if (3 75 57 *	
nguature(s) of an new of dissoci	iating general p	arther(s), ir a	<u>111 y</u> .	
				
				· -
				- C
Filing Foo	\$52 50			9 <u>4</u>
Filing Fee: Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$52.50			YISION (