

## Florida Department of State Division of Corporations

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To:		7.7
	Division of Corporations	<b>6</b> 7.
	Fax Number : (050)617-6383	111
From:		で (2) (2) (2)
E T OM:	Account Name : C T CORPORATION SYSTEM	50 () 2 3 <del>5 5</del>
	Account Number : FCA000000023	
	Phone : (850)222-1092	2.4.7
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	il address for this business entity to be used fort mailings. Enter only one email address pleas	

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## **COVER LETTER**

TO: Registration Division o	on Section f Corporations	,					
SUBJECT:		Whistler's Green, t	_td.				
	Name of Florida Limited Pa			y Limited Partnership	p		
The enclosed Cert	ificate of Amendment a	and fee(s) are sub	mitted	for filing.			
Please return all c	orrespondence concerni	ing this matter to:					
	John D. Nolde, Esq.		_				
	Contact Person						
1	Winthrop & Weinstine, P.A	٨.					
<u> </u>	Firm/Company		_				
225 South Sixth	Street, Suite 3500, Minne	apolis, MN 55402					
	Address		<del></del>		9m	P~3	
	Minneapolis, MN 55402	•			,	 	
	City, State and Zip Code	-	_		100	DEC	
	awanat@dominiuminc.co	m			37.	(2)	* 1/1
	(to be used for future annua		_		113 T.	27	1
	•	•			( ) <u>G</u>	<b>□</b>	1-1
For further inform	nation concerning this n	natter, please call	:		\$\frac{1}{2}\frac{1}{2}	<b>₽</b>	J.
John	D. Nolde, Esq.	at (612	_)	604-6400	123	<u>d</u> 1	
Name of Co	ontact Person	Area Code	and Day	ytime Telephone Nun	nber		
Enclosed is a che	ck for the following am	ount:					
\$52.50 Filing Fee	\$61.25 Filing Fee and Certificate of Status	\$105.00 Filing and Certified C		\$113.75 Filing Certified Copy, a Certificate of Stat	nd		
STREET ADDRESS:		MAI	LING	ADDRESS:			
Registration Secti	ion	Registration Section					
Division of Corpo	orations	Division of Corporations					
Clifton Building	a dian		Box 6				
2661 Executive C Tallahassee, FL		Talla	nassee,	, FL 32314			

## CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

		0.			
Insert name cus	rently on	file with Florida Departmen	t of State		
limited liability limited partnership, who	ose certi	ificate was filed with the	e Florida D	epartment of S	
adopts the following certificate of amen	dment t	o its certificate of limite	d partners	hip.	<u> </u>
This amendment is submitted to amend the	following	<b>;</b>			
A. If amending name, enter the new nar here:	ne of the	limited partnership or	limited Jiab	ility limited par	tnership
New name must be	distingui	shable and contain an accep	table suffix.		
				L.L.L.P. or LLLP.	
B. If amending mailing address and/ principal office address here:	or princ	cipal office address, <u>en</u>	ter new m	ailing address	25
				72 v 1 23 J	<u> </u>
	dress:			<u> 55 ≃</u> 4 3 ±	12
(musi be at NEET duaress)		MAIGIE Descri, FC 33		,	7
		<del></del>			
				<u> </u>	
(may be post office oox)					ଅ ଅ
					-
	New Principal Office Address:  (Must be STREET address)  Riviera Beach, FL 33404  New Mailing Address: (May be post office box)  mending the registered agent and/or registered office address on our records, enter the name of the istered agent and/or the new registered office address here:  TPI Communities, LLC  we Registered Office Address:  TPI Communities, LLC  Enter Florida street address  Riviera Beach , Florida 33404	ne of the			
Name of New Registered Agent:	TPI	Communities, LLC		<del></del>	
New Registered Office Address:	2001				
	Enter Florida street address			:55	
		Riviera Beach	, Florida		
		City	`	Zip Code	

## New Registered Agent's Signature, if changing Registered Agent:

		A	7			
		If Changing Registered Agent, Signature of New Registered A				
		John Corbett, Manager, TF				
	the general partner(s), <u>enter th</u> ed from our records:	e name and business address of	each general partner being			
<u> Title</u>	<u>Name</u>	Address	Type of Action			
	TPI Communities, LLC	2001 West Blue Herron Blvd. Riviera Beach, FL 33404	Add Remove			
	Naples Leased Housing Associates SLP I, LLC	2805 Northwest Bouleyard, S Plymouth, MN 55441	ulte Add A			
			Add S			
			Add Remove			
			Add Remove			

F. If amending any other info	mation, enter	change(s)	here: (Attach d	dditional shee	ets, if necessa	ry.)
			<del> </del>			<del></del>
					- <del></del>	
Effective date, if other than the date	e of filing:_					
Effective date cannot be prior to nor mo- itale.)	re than 90 days	after the dat	e this document l	s filed by the F	lorida Departa	neni q
						(r~)
Pinnet(a) a <b>f</b> a compuni no utmos			<b>*</b> -		12.	نتية ذب
Signature(s) of a general partne					77	
*NOTE: Only one current general parts emoving a "limited liability limited parts	ter is required to	o sign this de n statement	ocument unless the Chanter 620, F.5	e limited partn S., requires all s	ership is addin reneral partner	g of T
hen adding or removing a "limited liabi	lity limited part	nership" ele	ction statement.)		#11 () (* 1. T	*****
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	<del></del>		TPI Communit	esplic	errice	- 2
				1/1/2	<b>)</b>	. ¢
·			BY: Mafk 8. M	cornouse, Vic	e President	
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	_					
	·	_ 0	(a) !f			
Signature(s) of all new or dissoc	iating generi	ai pariner		1 Housing Mayo	ciates SLP I. L	LC
			By: Mark S. M	oornouse, Se	piof Vice Pre	siden
			<del></del>			
						<del></del>
Filing Fee:	\$52.50					
Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$8.75					