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T. HAMPTON AUG - 5 2009 EXAMINER

### COVER LETTER

Division of Corporations	
SUBJECT: Dahlmann Peri	winkle Place Ltd. Partnership
Name of Florida Limited Par	tnership or Limited Liability Limited Partnership
The enclosed Certificate of Amendment ar	nd fee(s) are submitted for filing.
Please return all correspondence concernir	ng this matter to:
Steven Zarnowitz	
Contact Person	
Dahlmann Periwinkle Place Ltd. F	Partnership
Firm/Company	
300 South Thayer Stree	et
Address	·
Ann Arbor, MI 48104	
City, State and Zip Code	
DDahlm944@aol.com	
E-mail address: (to be used for future annual	
For further information concerning this ma	atter, please call:
Steven Zarnowitz	at ( 734 ) 761-7600
Name of Contact Person	Area Code and Daytime Telephone Number
Enclosed is a check for the following amo	unt:
\$52.50 Filing Fee \$61.25 Filing Fee and Certificate of Status	\$105.00 Filing Fee and Certified Copy Certified Copy, and Certificate of Status
STREET ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations Clifton Building	Division of Corporations P. O. Box 6327
Clifton Building 2661 Executive Center Circle	Tallahassee, FL 32314
Tallahassee, FL 32301	

#### DAHLMANN APARTMENTS ...

300 S. THAYER, ANN ARBOR, MICHIGAN 48104 (734) 761-7600 FAX (734) 761-9178

July 22, 2009

Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

Re: Certificate of Amendment to Dahlmann Periwinkle Place Ltd. Partnership

Ladies and Gentlemen:

Enclosed please find Cover Letter and Certificate of Amendment together with our check in the amount of \$52.50 for the filing fee. Please file in your usual manner.

Very truly yours,

Steven Zarnowitz
Corporate Counsel

SZ/sl Enclosures

cc: Mark Weinberg, Esq. (Fax only to 305-416-6887) Kimberly Pitts (Fax only to 239-958-3459)

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

## Dahlmann Periwinkle Place Limited Partnership Insert name currently on file with Florida Department of State

Pursuant to the provisions of section 620.1202, Fl limited liability limited partnership, whose certific 2/18/99, assigned Flor	cate was filed with	the Florida Departme	ent of State on
adopts the following certificate of amendment to i	ts certificate of lin	nited partnership.	,
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the linere:	mited partnership	or limited liability limi	ted partnership
New name must be distinguished	able and contain an ac	ceptable suffix.	
Acceptable Limited Partnership suffixes: Limited Partnersh Acceptable Limited Liability Limited Partnership suffixes: L			r LLLP.
B. If amending mailing address and/or princip principal office address here:	oal office address,	enter new mailing a	ddress and/or
New Principal Office Address:			SECR TISTO
(Must be STREET address)		· · · · · · · · · · · · · · · · · · ·	— <b>5</b> × × × × × × × × × × × × × × × × × × ×
New Mailing Address:			RY OF STATE CORPORATIO
(May be post office box)			- ATE
			<b>5</b>
C. If amending the registered agent and/or registenew registered agent and/or the new registered office		on our records, <u>enter (</u>	the name of the
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flori	ida street address	
<u>,</u>		, Florida	
<del></del>	City	Zip Cod	e

#### 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: **Type of Action** <u>Address</u> Title Name Add Remove Add Remove Remove 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.)

The located of player facilities	tion number of the	e partnership is 11-3646819	9
Effective date, if other than the dat (Effective date cannot be prior to nor mos State.)	te of filing: re than 90 days after th	e date this document is filed by the i	Florida Department o
Signature(s) of a general partner	r or all general par	tners*:	
(*NOTE: Only one current general partr removing a "limited liability limited partr when adding or removing a "limited liabi Wallmann Periwahe Pla Dahlmann Periwah Kleb	nershin" election statem	ent Chanter 620 F.S. requires all	
- 3 reven Zavnopor	————		
	<del></del>	<u></u>	<del>-</del> .
Signature(s) of all new or dissoci	iating general part	ner(s), if any:	
			60 51 51 51 51
Filing Fee: Certified Copy (optional):	\$52.50 \$52.50		SION O