Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000427398 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CAUTHEN & BURNS, P.A.

Account Number : I19980000085

Phone : (352)343-2225 Fax Number : (352)343-7759

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

| Email Address: |
|----------------|
| |

LP/LLLP AMENDMENT/RESTATEMENT/CORRECTION SWEDELAND, LIMITED

| Certificate of Status | 0 |
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COVER LETTER

| Division of Co | | | |
|---|--|---|--|
| SUBJECT: Swedeland | d, Limited | | |
| Nan | ne of Florida Limited Partn | ership or Limited L | iability Limited Partnership |
| The enclosed Certific | ate of Amendment and | l fee(s) are subm | nitted for filing. |
| Please return all corre | spondence concerning | this matter to: | |
| J. Kox Burns, IV | | | |
| | Contact Person | | |
| Cauthen & Burns, P.A. | | | |
| | Firm/Company | | |
| 215 North Joanna Avenue | e | | |
| | Address | | |
| Tavares, Florida 32778 | | • | |
| Ci | ty, State and Zip Code | | |
| jknoxburns@cflegal.com | 1 | | |
| E-mail address: (to t | e used for future annual re | port notification) | |
| For further information | on concerning this mat | ter, please call: | |
| Jen Conroy | | at (352 | 343-2225 |
| Name of Contac | t Person | | d Daytime Telephone Number |
| Enclosed is a check for | or the following amoun | nt: | |
| ■ \$52.50 Filing Fce | ☐S61.25 Filing Fee and Certificate of Status | \$105.00 Filing and Certified Cop | |
| Mailing Address: Registration Section Division of Corporati P.O. Box 6327 Tallahassee, FL 32314 | • | Registra Division The Cer 2415 N | Address: ation Section n of Corporations atre of Tallahassee . Monroe Street, Suite 810 ssee, FL 32303 |

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CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

| Swedeland, Limited | | | | |
|--|---------------------------|--|--|--------------------|
| Insert name cur | rently on fi | le with Florida Departmen | t of State | |
| Pursuant to the provisions of section 62 limited liability limited partnership, who 12/16/1999 ass adopts the following certificate of americans | ose certifi signed Flo | cate was filed with the | e Florida Department r A99000002110 | |
| This amendment is submitted to amend the | following: | | | |
| A. If amending name, enter the new name here: | ne of the l | imited partnership or | limited liability limited | l partnership |
| New name must be | distinguish | able and contain an accep | table suffix. | |
| Acceptable Limited Partnership suffixes: Limite Acceptable Limited Liability Limited Partnersh | | | | LLP. |
| B. If amending mailing address and/ principal office address here: | or princi | pal office address, <u>er</u> | ter new mailing add | lress and/or |
| New Principal Office Add | dress: | 341 Governors Drive | | |
| (Must be STREET address) | | Kiawah Island, South C | arolina 29455 | |
| New Mailing Address: | | C/O Kimberly C. Schae 341 Governors Drive | ffer | <u> </u> |
| (May be post office box) | | Kiawah Island, South C | arolina 29455 | |
| | | | (2) | _ |
| C. If amending the registered agent and/o | nr register | ed office address on our | | me of the new |
| registered agent and/or the new registered | | | t too too, <u>enter</u> the har | * 1 |
| | | | | |
| Name of New Registered Agent: | J. Kno | e Burns, IV | | <u></u> |
| New Registered Office Address: | 215 No | orth Joanna Avenue | <u>-</u> | λ: |
| | | Enter Florida | street address | ت خخ |
| | Tavare | ş . | , Florida <u>32778</u> | <u></u> |
| | · | City | Zip Code | |

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

| | | | nt. Signature of New Registered Ag |
|--|---------------------------------------|----------------------------------|--|
| If amending the general partner(s), enter the name and business address of each general partner ded or removed from our records: | | | |
| <u>Title</u> | <u>Name</u> | Address | Type of Action |
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| f the limite | d partnership or limited | liability limited partnership is | amending its "limited lis |

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

12/15/2023 .09:01 (FAX) P.005/005

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| The address for the General Partner, Swedeland, LLC, is 3 | 341 Governors Drive, Kiawah Island, South Carolina 29455 |
|---|---|
| The Boards for the Obligatin Childry Children (1997) | |
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| | fter the date this document is filed by the Florida Department o |
| State.) Note: If the date inserted in this block does not meet the ap | pplicable statutory filing requirements, this date will not |
| be listed as the document's effective date on the Department | |
| | |
| | |
| Signature(s) of a general partner or all genera | il partners*: |
| (*NOTE: Only one current general partner is required to: | sign this document unless the limited partnership is adding or |
| | statement. Chapter 620, F.S., requires all general partners to si |
| Docusigned by: | DoouSigned by: |
| Kimberly Adler Schaeffer Kimberly Adler Schäeffer, as Manager of Swedeland, LLC | Mary Bull Adler burnedy Delindostoposes Mary Beth Adler Kennedy, as Manager of Swedeland, LL. |
| Kimberly Adler Schäeffer, as Manager of Swedeland, LLC | Mary Beth Adler Kennedy, as Manager of Swedeland, LL |
| | |
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| Signature(s) of all new or dissociating general | partner(s), if any: |
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| Filing Fee: \$52.50 | |
| Certified Copy (optional): \$52.50 | |
| Certificate of Status (optional): \$8.75 | |