

BOOOOOOOO 332

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

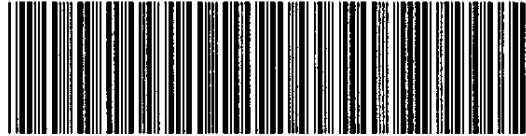
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600276493876

09/01/15--01003--029 **113.75

FILED
2015 SEP -1 AM 11:25
SECRETARY OF STATE
TALLAHASSEE FLORIDA

SEP 03 2015
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Westport Holdings Tampa II, Limited Partnership
Name of Foreign Limited Partnership or Limited Liability Limited Partnership

The enclosed amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Dane Starbuck

Contact Person

Attorney at Law

Firm/Company

PO Box 501398

Address

Indianapolis, IN 46250

City, State and Zip Code

dstarbuck@libertyfund.org

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dane Starbuck

Name of Contact Person

at (317) 806-6773

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$52.50 Filing Fee | <input type="checkbox"/> \$61.25 Filing Fee
and Certificate of
Status | <input type="checkbox"/> \$105.00 Filing Fee
and Certified Copy | <input checked="" type="checkbox"/> \$113.75 Filing Fee,
Certified Copy, and
Certificate of Status |
|---|---|--|--|

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

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

**AMENDMENT TO CERTIFICATE OF AUTHORITY
FOR
FOREIGN LIMITED PARTNERSHIP OR
LIMITED LIABILITY LIMITED PARTNERSHIP**

1. The name of the limited partnership or limited liability limited partnership as it appears on the records of the Florida Department of State is:

Westport Holdings Tampa II, Limited Partnership

2. The jurisdiction of its formation is: Delaware

3. The date the entity was authorized to transact business in Florida is: 10/31/2000

4. If the amendment changes the name of the limited partnership or limited liability limited partnership, enter the new name:

Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.

Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.

5. If the amendment changes the general partner(s), list the name and business address of each general partner:

Name:

M15000006702

Business Address:

IMH Healthcare, LLC

7000 W. Camino Real, Suite 240

Boca Raton, FL 33433

2015 SEP - 1 AM 11:25
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

6. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

7. If the amendment corrects any false statement listed in the application, indicate the statement being corrected and the correction:

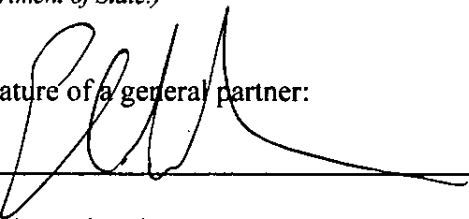
8. If the amendment is to add or delete an election to be a limited liability limited partnership statement, check the appropriate box:

- ☐ The entity elects to be a limited liability limited partnership.
- ☐ The entity is no longer a limited liability limited partnership.

9. Attached is an original certificate, no more than 90 days olds, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

10. Effective date, if other than the date of filing: _____
(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

Signature of a general partner:



Typed or printed name:

Eli Freiden

Filing Fee:	\$52.50
Certified Copy (optional):	\$52.50
Certificate of Status (optional):	\$8.75

FILED
2015 SEP - 1 AM 11:25
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "WESTPORT HOLDINGS TAMPA II, LIMITED PARTNERSHIP", FILED IN THIS OFFICE ON THE TWENTIETH DAY OF AUGUST, A.D. 2015, AT 5:05 O'CLOCK P.M.



3301154 8100

151200464

You may verify this certificate online
at corp.delaware.gov/authvar.shtml


Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 2672972

DATE: 08-25-15

State of Delaware
Secretary of State
Division of Corporations
Delivered 05:05 PM 08/20/2015
FILED 05:05 PM 08/20/2015
SRV 151200464 - 3301154 FILE

**STATE OF DELAWARE
AMENDMENT TO THE CERTIFICATE OF
LIMITED PARTNERSHIP**

The undersigned, desiring to amend the Certificate of Limited Partnership pursuant to the provisions of Section 17-202 of the Revised Uniform Limited Partnership Act of the State of Delaware, does hereby certify as follows:

FIRST: The name of the Limited Partnership is

Westport Holdings Tampa II, Limited Partnership

SECOND: Article 3 of the Certificate of Limited Partnership shall be amended as follows:

The limited partners elect IMH Healthcare, LLC as the new General Partner, effective as of March 2, 2015, for accounting purposes only. IMH Healthcare, LLC, 7000 W. Camino Real, Suite 240, Boca Raton, FL 33433.

IN WITNESS WHEREOF, the undersigned executed this Amendment to the Certificate of Limited Partnership on this 30 day of July 2015.


By _____
General Partner(s)

Name Eli Freiden
Print or Type
Authorized Representative
of IMH Healthcare, LLC