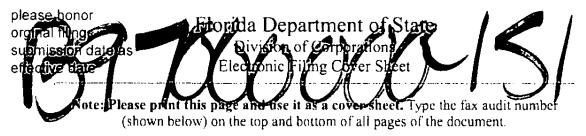
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Division of Corporations



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To:

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Fax Number : (850)617-6383

From:

ć.,

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (954)208-0845 Fax Number : (514)573-3996

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

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LP/LLLP AMENDMENT/RESTATEMENT/CORRECTION MILLER-DOWNS INVESTMENTS, L.P.

Certificate of Status	0
Certified Copy	0
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CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

MILLER-DOWNS INVESTMENTS, L.P.			
Insert name currently on fil	e with Florida Dep	artment of State	
Pursuant to the provisions of section 620.1202, FI limited liability limited partnership, whose certific 08/25/1997, assigned Floadopts the following certificate of amendment to	rate was filed w rida document n	ith the Florida Department of State on number 1897000000451	
This amendment is submitted to amend the following:			
	tarifacil acceptance	sin or limited liability limited partnership	
A. If amending name, enter the new name of the li here:	mited partnersi	np or minica naomer manca partnersorp	
New name must be distinguish	able and contain a	n acceptable suffix.	
Acceptable Limited Partnership suffixes: Limited Partnersh Acceptable Limited Liability Limited Partnership suffixes: (tip, Limited, L.P., I Limited Liability L	LP, or Lul imited Partnership, L.L.L.P. or LLLP.	
B. If amending mailing address and/or princi-	pat office addr	ess, enter new mailing address and/or	
principal office address here:			
New Principal Office Address: (Must be STREET address)		200	
		<u>Z</u>	
No. No. 11 . A data and		· 2	
New Mailing Address: (May be past office box)			
, , , , , , , , , , , , , , , , , , , ,		- 	
		o	
C. If amending the registered agent and/or regist- new registered agent and/or the new registered offi-	ered onice addr <u>cc address here</u> :	ess on our records, enter the name or the	
, 			
Name of New Registered Agent:			
New Registered Office Address:	A*********	Florida street uddress	
	Pulse vanam 20 not gamess		
	City	, Florida Zip Code	
		I	

To • Page: 4 of 5 2023-03-06 16.07 42 CST 12122023573 From David Thomas

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

		If Changing Registered Agent	. Signature of New Register
amending or remov	the general partner(s), entered from our records:	the name and business addres	s of each general par
<u>Title</u>	Name	Address	Type of Action
<u>P</u>	DOLORES DOWNS	935 Tyrone Place Roswell, GA 30075	☐ Add ☑ Remove
GP	Leigh Downs Hebbe	935 Tyrone Place Roswell, GA 30075	■ Add □ Remove
			□ Remove
		□ Add □ Remove	
			☐ Add ☐ Remove
			☐ Add

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

This Limited Partnership hereby removes its "Limited Liability Limited Partnership" status.

F. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)				
Effective date, if other than the date of filing: Effective date cannot be prior to nor more than 90 days after that: Thus: Fote: If the date inserted in this block does not meet the applies				
e listed as the document's effective date on the Department of	State's records.			
Signature(s) of a general partner or all general pa	rtners*:			
(*NOTE: Only one current general partner is required to sign tremoving a "limited liability limited partnership" election states when adding or removing a "limited liability limited partnership."	ment. Chapter 6.10, F.S., requires an general parallers to sign			
origa Down Helbe				
Signature(s) of all new or dissociating general par	rtner(s), if any:			
Dolores Downs, deceased				
Filing Fee: \$52.50 Certified Cony (optional): \$52.50				
Certified Copy (optional): \$52.50 Certificate of Status (optional): \$8.75				