

A 000 000 00 337

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

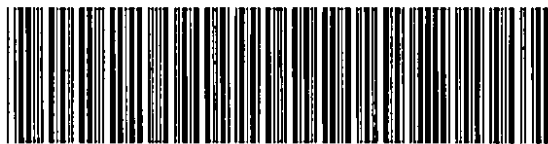
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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03/28/19--01027--009 \*\*52.50

2019 MAR 28 PM 3: 13  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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BRUCE  
APR 08 2019

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** TLM Partners Limited Partnership  
Name of Florida Limited Partnership or Limited Liability Limited Partnership

The enclosed Certificate of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

J. Ira Harris

Contact Person

J. I. Harris & Associates LLC

Firm/Company

220 Sunrise Avenue, Suite 210

Address

Palm Beach, FL 33480

City, State and Zip Code

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

For further information concerning this matter, please call:

J. Ira Harris

at ( 561 ) 659-7130

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

\$52.50 Filing Fee

\$61.25 Filing Fee  
and Certificate of  
Status

\$105.00 Filing Fee  
and Certified Copy

\$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

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TALLAHASSEE, FLORIDA

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

TLM Partners Limited Partnership

Insert name currently on file with Florida Department of State

Pursuant to the provisions of section 620.1202, Florida Statutes, this Florida limited partnership or limited liability limited partnership, whose certificate was filed with the Florida Department of State on 2/24/2000, assigned Florida document number A00000000337, adopts the following certificate of amendment to its certificate of limited partnership.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited partnership or limited liability limited partnership here:**

New name must be distinguishable and contain an acceptable suffix.

*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.*

**B. If amending mailing address and/or principal office address, enter new mailing address and/or principal office address here:**

New Principal Office Address:

*(Must be STREET address)*

New Mailing Address:

*(May be post office box)*

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TALLAHASSEE FLORIDA

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**C. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

*Enter Florida street address*

\_\_\_\_\_, Florida \_\_\_\_\_  
City Zip Code

**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:**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	TLM GP LLC	757 Third Avenue 12th Floor New York, NY 10017	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
_____	JIRA Corp.	220 Sunrise Avenue Suite 210 Palm Beach, FL 33480	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

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 STATE OF FLORIDA  
 COUNTY OF PALM BEACH  
 CLERK OF CIRCUIT COURT

**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.)**

F. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

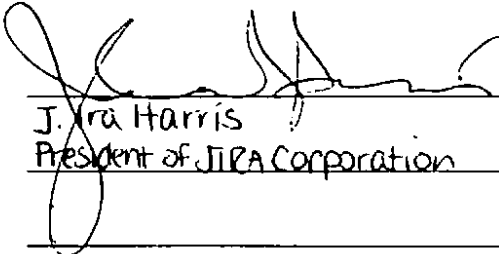
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**Signature(s) of a general partner or all general partners\*:**

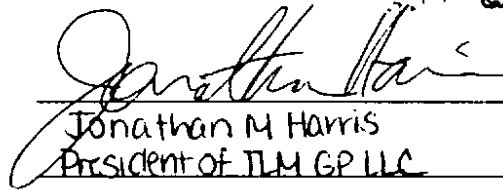
(\*NOTE: Only one current general partner is required to sign this document unless the limited partnership is adding or removing a "limited liability limited partnership" election statement. Chapter 620, F.S., requires all general partners to sign when adding or removing a "limited liability limited partnership" election statement.)

  
\_\_\_\_\_  
J. Ira Harris  
President of JIRA Corporation  
\_\_\_\_\_  
\_\_\_\_\_

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TALLAHASSEE FLORIDA

**Signature(s) of all new or dissociating general partner(s), if any:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

  
\_\_\_\_\_  
Jonathan M Harris  
President of TLM GP LLC  
\_\_\_\_\_  
\_\_\_\_\_

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

ORIGIN ID: LNA4 (561) 659-7130  
APRIL POTTER  
J. L. HARRIS & ASSOCIATES  
220 SUNRISE AVE  
SUITE 210  
PALM BEACH, FL 33480  
UNITED STATES US

SHIP DATE: 27 MAR 19  
ACTWGT: 0.50 LB  
CAD: 111716540/NET4100

BILL SENDER

TO REGISTRATION SECTION

FL DEPT OF STATE DIVISION OF CORPS

2661 W EXECUTIVE CENTER CIR

CLIFTON BUILDING

TALLAHASSEE FL 32301

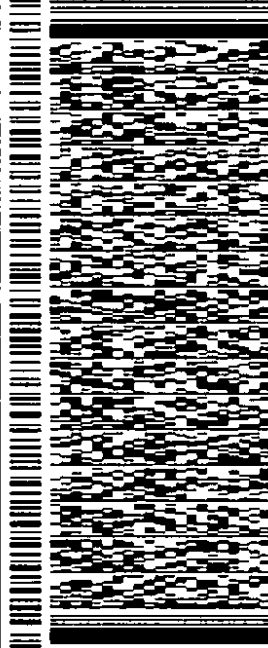
REF (850) 245-6051

RVV

DEPT

PO

565114603/3AD



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THU - 28 MAR 10:30A  
PRIORITY OVERNIGHT

**XH TLHA**  
32301  
FL-US TLH



1. Use the 'Print' button on this page to print your label to your laser or inkjet printer.  
2. Fold the printed page along the horizontal line.  
3. Place label in shipping pouch and affix it to your shipment so that the barcode portion of the label can be read and scanned.

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