

(Reque	stor's Name)	
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(City/SI	ate/Zip/Phone #)
PICK-UP	WAIT	MAIL
(Busine	ess Entity Name)	
(Document Number)		
Certified Copies	Certificates of	Status
Special Instructions to Filing Officer:		

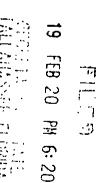
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COVER LETTER

TO: Registration Division of C				
	oon Village II Partners, Ltc	1.		
SODIECT:			iability Limited Partnership	
The anglosed Cartifi	cate of Amendment a	nd facte) are subm	itted for filing	
The enclosed Certifi	cate of Amendment a	nd rec(s) are subm	med for firing.	
Please return all corr	espondence concernir	ng this matter to:		
Erika Wilson				
	Contact Person			
Gator Investments				
Firm/Company				
7850 NW 146th Street.	4th Floor			
	Address			
Miami Lakes, Fl. 33016	i			
(City, State and Zip Code			
ewilson@gatorinv.com				
E-mail address: (to	be used for future annual	report notification)		
For further informat	ion concerning this ma	atter, please call:		
Erika Wilson		305	, 949-9049 #118	
Name of Conta	ct Person	at (at Code an)d Daytime Telephone Number	
rect to the	C 1 C. 11			
Enclosed is a check	for the following amo	unt:		
■ \$52.50 Filing Fee	□\$61.25 Filing Fee and Certificate of Status	□\$105.00 Filing and Certified Cop	_	
STREET ADDRES	SS:	MAILI	NG ADDRESS:	
Registration Section		_	ntion Section	
Division of Corporations			Division of Corporations	
Clifton Building 2661 Executive Center Circle		P. O. Box 6327 Tallahassee, FL 32314		
Tallahassee, FL 323		1 anana	5500, FL 32314	

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

Gator Coon Village II Partners, Ltd.		
Insert name currently of	on file with Florida Depa	rtment of State
Pursuant to the provisions of section 620.1202 limited liability limited partnership, whose cerember 15, 2000 assigned adopts the following certificate of amendments	rtificate was filed wi Florida document n	th the Florida Department of State on imber H00000065283
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of there:	he limited partnershi	p or limited liability limited partnership
New name must be disting	guishable and contain an	acceptable suffix.
Acceptable Limited Partnership suffixes: Limited Partn Acceptable Limited Liability Limited Partnership suffix	•	
B. If amending mailing address and/or pri principal office address here:	·	ss, enter new mailing address and/or
New Principal Office Address: (Must be STREET address)		B 20 回 3 回 3 回 3 回 3 回 3 回 3 回 3 回 3 回 3 回
New Mailing Address: (May be post office box)		6: 20
C. If amending the registered agent and/or renew registered agent and/or the new registered	•	ss on our records, <u>enter the name of the</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Flo	orida street address
	City	, Florida 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.

<u>Name</u>	Address Type of Action
	□ Remove
	☐ Remove
	☐ Remove
	☐ Remove
	Remove

F. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Section 5.1 of the Agreement of Limited Partnership is deleted in its entirety and amended as follows:		
"5.1 The term of the Partnership shall be perpetua	1."	
Effective date, if other than the date of filin	u.	
(Effective date cannot be prior to nor more than 90 (State.)	days after the date this document is filed by the Florida Department of	
Note: If the date inserted in this block does not meet be listed as the document's effective date on the Dep	the applicable statutory filing requirements, this date will not partment of State's records.	
Signature(s) of a general partner or all go	eneral partners*:	
	red to sign this document unless the limited partnership is adding or ection statement. Chapter 620, F.S., requires all general partners to sign partnership" election statement.)	
Gator Coon Village II Partners, Ltd.		
By: Gator Coop Village II, Inc., General Partner		
By:		
James A. Gordsmith, President		
Signature(s) of all new or dissociating gen	neral partner(s), if any:	
Filing Fee: \$52.50		
Certified Copy (optional): \$52.50 Certificate of Status (optional): \$8.75		