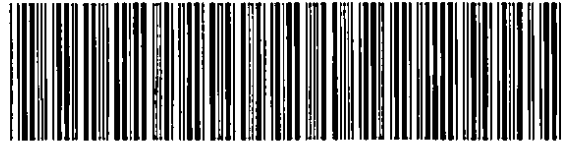


**A0400000 1028**



700315583677

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

07/10/18--01021--005 \*\*55.00

09/06/18--01022--001 \*\*50.00

Special Instructions to Filing Officer:  
  
*wrong form*

Office Use Only

**FILED**  
18 SEP -6 AM 12:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K SALY  
SEP 14 2018



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 23, 2018

GATOR HAMPTON PARTNERS, LLLP  
GARFIELD DACAS  
7850 NW 146TH ST, 4TH FLOOR  
MIAMI LAKES, FL 33016

SUBJECT: GATOR HAMPTON PARTNERS, LLLP  
Ref. Number: A04000001028

We have received your document for GATOR HAMPTON PARTNERS, LLLP and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a LLC, but your entity is a LP/LLLP. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly  
Regulatory Specialist II

Letter Number: 018A00015101

# GATOR

I N V E S T M E N T S

August 27 2018

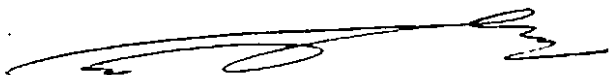
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL, 32301

Dear Sir/Madam,

Enclosed is a check in the amount of fifty dollars (\$50.00) for addition fees, for us to get a certificated copy of an amendment, to change of our business address in order for us to be registered in State of Virginia.

Thanks for your help in this matter

Yours,  
Gator Hampton Partners, L.L.P



.....  
Clive James  
Accounts Department  
Tel: 305 949 9049 x 247  
Email: [CJames@gatoriny.com](mailto:CJames@gatoriny.com)

/CJ

Encl.

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** GATOR HAMPTON PARTNERS, LLLP  
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:

GARFIELD DACAS  
Contact Person  
GATOR HAMPTON PARTNERS, LLLP  
Firm/Company  
7850 NW 146TH STREET, 4TH FLOOR  
Address  
MIAMI LAKES, FLORIDA, 33016  
City, State and Zip Code  
GDACAS@GATORINV.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GARFIELD DACAS at ( 305 ) 949 9049  
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

FILED  
18 SEP -6 AM 12:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CERTIFICATE OF AMENDMENT  
TO  
CERTIFICATE OF LIMITED PARTNERSHIP  
OF

GATOR HAMPTON PARTNERS, LLLP

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 JUNE 24, 2004, assigned Florida document number A04000001028, 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:

N/A

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)*

7850 NW 146TH STREET, 4TH FLOOR  
MIAMI LAKES, FLORIDA, 33016

New Mailing Address:  
*(May be post office box)*

SAME AS PRINCIPAL ADDRESS

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:

N/A

*Enter Florida street address*

\_\_\_\_\_, Florida \_\_\_\_\_

*City*

*Zip Code*

**FILED**  
**18 SEP -6 AM 12:13**  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**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>
_____	_____	_____ _____ _____	<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

**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.)*

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

FILED  
18 SEP -6 AM 12:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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.)

GATOR HAMPTON PARTNERS, L.L.P.  
\_\_\_\_\_  
x  
\_\_\_\_\_  
JAMES A GOLDSMITH  
\_\_\_\_\_  
\_\_\_\_\_

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

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

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

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

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