A0400000 1030

(Requestor's Name)
(4.11-1.5)
(Address)
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(Address)
(City/State/Zip/Phone #)
(Gity/State/Zip/: Hone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
•
Special Instructions to Filing Officer:
· Present and an area of the control
WRONZ FORM
WRUID J WRILL
Office Use Only



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SEGNETIVE SEE FLORIDA

x SALY SEP 1 4 2018



July 23, 2018

GATOR NEWPORT NEWS PARTNERS II, LLLP GARFIELD DACAS 7850 NW 145TH ST, 4TH FL MIAMI LAKES, FL 33016

SUBJECT: GATOR NEWPORT NEWS PARTNERS II, LLLP

Ref. Number: A04000001030

We have received your document for GATOR NEWPORT NEWS PARTNERS II, 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.

Letter Number: 218A00015102

Karen A Saly Regulatory Specialist II

www.sunbiz.org



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 Newport News Partners II, LLLP

Clive James

Accounts Department Tel: 305 949 9049 x 247

Email: Clames@gatorinv.com

/CJ

Encl.

COVER LETTER

TO:	-	of Corporations				
SHRI	JECT: _	GATOR NEWPORT N	EWS PART	SERS II, LI	LLP	
30170	.Ee1	Name of Florida Limit	ed Partnershi	or Limited	d Liability	y Limited Partnership
The e	nclosed Ce	rtificate of Amendm	ent and fee	(s) are sub	mitted	for filing.
Please	e return all	correspondence con-	cerning this	matter to	:	
		GARFIELD DACAS	\$			
		Contact Person	····		_	
	GATOR Y	NEWPORT NEWS PAR	TNERS II. LI	LP		
Firm/Company						
	7850	NW 146TH STREET, 47	TH FLOOR			
		Address				
	MIAMIT	.AKES, FLORIDA, 330	16			
		City, State and Zip C	Code			
	•	GDACAS@GATORINV	'.COM			
l:	E-mail addres	s; (to be used for future a	innual report	notification)	
For fu	irther infor	mation concerning th	iis matter, p	olease call	l:	
	GARFIE	ELD DACAS	at (305	949 9	0049
	Name of C	Contact Person			and Dayt	time Telephone Number
Enclo	sed is a ch	eck for the following	amount:			
☐ \$52	2.50 Filing Fe	ee S61.25 Filing I and Certificate of Status		105.00 Filir Certified C		□\$113.75 Filing Fee, Certified Copy, and Certificate of Status
STRI	EET ADDI	RESS:		MAI	LING A	ADDRESS:
_	tration Sec				stration	
	ion of Corp					Corporations
	m Building Executive	Center Circle			Box 63	27 FL 32314
	hassee. FL			ा वा वि	nassee.	11, 32314

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF



GATOR NEWPORT NEWS PARTNERS II, LLLP

	Insert name cut	rently on file	with Florida	Department	of State
--	-----------------	----------------	--------------	------------	----------

Pursuant to the provisions of section 620,1202. F limited liability limited partnership, whose certifications 24, 2004, assigned Flo	icate was filed wit orida document nu	mberA0400001030
adopts the following certificate of amendment to	its certificate of li	mited partnership.
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the here:	limited partnership	or limited liability limited partnership
	N/A	
New name must be distinguis	hable and contain an a	acceptable suffix.
Acceptable Limited Partnership suffixes: Limited Partners Acceptable Limited Liability Limited Partnership suffixes:	Limited Liability Lim	ned Parmersmp, L.L.L.F. or LLLC.
B. If amending mailing address and/or princ principal office address here:	ipal office addres	s, enter new mailing address and/or
New Principal Office Address: (Must be STREET address)		STREET, 4TH FLOOR FLORIDA, 33016
New Mailing Address: (May be post office box)	SAME AS PR	INCIPAL ADDRESS
C. If amending the registered agent and/or registered agent and/or the new registered off Name of New Registered Agent: New Registered Office Address:	fice address here:	N/A
	Enter Fl	orida street address
		Florida
	City	Zip Code



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

Thereby accept the appointment as registered ages	nt and agree to act in this capacity. I further agree to to the proper and complete performance of my duties, and I
am familiar with and accept the obligations of my	position as registered agem.
	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>	Address	Type of Action
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add☐ 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.)

ffective date, if other than the date of filin	10.
ffective date cannot be prior to nor more than 90	g:
tate.) Tote: If the date inserted in this block does not mee	et the applicable statutory filing requirements, this date will not
listed as the document's effective date on the De	
······································	canonal nautuous*.
ignature(s) of a general partner or all g	eneral partners":
*NOTE: Only one current general partner is requi	ired to sign this document unless the limited partnership is adding or ection statement. Chapter 620, F.S., requires all general partners to sign
then adding or removing a "limited liability limited	
TATOR NAWPORT NEWS PARTNERS II. LLLI	I .
IAMES A GOLDSMITH	
Signature(s) of all new or dissociating ge	eneral partner(s), if any:
Filing Fee: \$52.50 Certified Copy (optional): \$52.50	