

# 07/08/2013 18:34 FAX  
Division of Corporations  
**A13000000266**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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(((H13000153029 3)))



H130001530293ABCY

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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : BAKER & MCKENZIE  
Account Number : 074222002135  
Phone : (305) 789-8900  
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**\*\*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/LLP AMENDMENT/RESTATEMENT/CORRECTION  
BEL PROP US 1 LP

Certificate of Status	1
Certified Copy	1
Page Count	05
Estimated Charge	\$113.75

K. SALY  
EXAMINER  
JUL 10 2013

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((H1300)153029 3))

CERTIFICATE OF AMENDMENT  
TO  
CERTIFICATE OF LIMITED PARTNERSHIP  
OF

BEL PROP US 1 LP

Insert name currently on file with Florida Department of State

FILED  
13 JUL -9 AM 10:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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 12, 2013, assigned Florida document number A13000100266, 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: 1200 Brickell Avenue  
*(Must be STREET address)* 18th Floor  
Miami, Florida 33131

New Mailing Address: 1200 Brickell Avenue  
*(May be post office box)* 18th Floor  
Miami, Florida 33131

**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: Solomon & Furshman, LLP

New Registered Office Address: 1200 Brickell Ave, Suite PH2000  
*Enter Florida street address*


Miami, Florida 33131  
*City Zip Code*

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**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.*

 FCR / SOLOMAN & FURSMAN LLP  
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.)**

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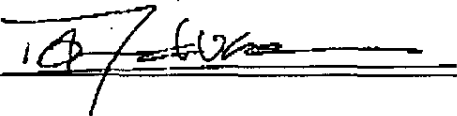
F. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Four horizontal lines for amending information.

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.)

**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.)



Thomas FAURE,  
as director of General  
Partner BEL GP Inc.

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

Four horizontal lines for new or dissociating general partner signatures.

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

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