(Re	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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B. BOSTICK OCT 3 0 2012 **EXAMINER**

CAPITAL CONNECTION, INC.
417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

1			
Flagler Station Mall,	Ltd.		
			Art of Inc. FileLTD Partnership File
			Foreign Corp. File
			L.C. File
			Fictitious Name File
			Trade/Service Mark
			Merger File
			Art. of Amend. File
			RA Resignation
			Dissolution / Withdrawal
			Annual Report / Reinstatement
			Cert. Copy
			Photo Copy
			Certificate of Good Standing
			Certificate of Status
			Certificate of Fictitious Name
			Corp Record Search
			Officer Search
			Fictitious Search
Signature		· · · · · · · · · · · · · · · · · · ·	Fictitious Owner Search
			Vehicle Search
			Driving Record
Requested by: SETH	10/29/12		UCC 1 or 3 File
Name	Date	Time	UCC 11 Search UCC 11 Retrieval
Walk-In	Will Pick Up		Courier

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

Flagler Station Mall, I			
Insert name currently on	file with Florida Depar	iment of State	
Pursuant to the provisions of section 620.1202, limited liability limited partnership, whose certi 1/28/1985, assigned F	ficate was filed wit	h the Florida Department of Stat	te on
adopts the following certificate of amendment to			
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 partn	<u>ership</u>
New name must be distingui	shable and contain an a	cceptable suffix.	
Acceptable Limited Partnership suffixes: Limited Partner Acceptable Limited Liability Limited Partnership suffixes			
B. If amending mailing address and/or principal office address here:	cipal office address	s, enter new mailing-address a	<u>nd/or</u>
New Principal Office Address: (Must be STREET address)		The second	eramating UNI nert annum nert annum
New Mailing Address: (May be post office box)			
C. If amending the registered agent and/or reginew registered agent and/or the new registered of		on our records, enter the name	of the
new registered agent and/or the new registered or	nee address nere.		
Name of New Registered Agent:			
New Registered Office Address:	Enter Flo	rida street address	
	2000 100	, Florida	1
	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.

 	 	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>T</u>	ype of Action			
GP	Do <u>wntown Realt</u>	y Investment 48 E. Flagler St., PH105 Miami, Florida 33131	Add X Remove	•		
GP	Do <u>wntown Realt</u>	y Investments, LLP 4 <u>8 E. Flagler St., PH-10</u> 5 M <u>iami, FL 33131</u>	X Add Remove			
			Add Remove Add Remove Add Remove	E de la constante de la consta		
				;		

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 info	rmation, ente	r change(s) l	i ere : (Attac	h additio	nal sheet	s, if nec	essary	.)
This document is being ref	iled to cl	larify th	e previo	ıs file	ed amer	ıdment	and	
correction of where the di								
were required to sign.				<u>.</u>				
Effective date, if other than the da (Effective date cannot be prior to nor mo State.)		after the date	this docume	nt is filed	by the Flo	orida De	partme	nt of
situte.)								
Signature(s) of a general partne	r or all gener	ral partner	<u>s*:</u>					
(*NOTE: Only one current general part removing a "limited liability limited part when adding or removing a "limited liab	nership" electio	n statement.	Chapter 620,	F.S., requ				
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						Ess.	Est No.	ic passo, s
		•					5mg	1
Signature(s) of all new or dissoc	iating genera	al partner(s), if any:			1.1. 1.1. 1.1.	<u>.</u>	Summer
						<u>~</u> :	C)	
1642 10						SA.)	
Sergio Kok, as Trustee on						ner		
Sergio Rok, as Trustee on	behalf of	the new	general	partnei				
		•						
		-						
Filing Fee:	\$52.50							
Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$8.75							