

B94000000422

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700293032227

01/31/17--01014--022 **52.50

FILED

2017 JAN 31 P 5:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE
FEB 01 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BROWN BROTHERS HARRIMAN & CO. LIMITED PARTNERSHIP
Name of Foreign Limited Partnership or Limited Liability Limited Partnership

The enclosed amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

HELEN CHANG

Contact Person

BROWN BROTHERS HARRIMAN & CO.

Firm/Company

140 BROADWAY, 4TH FLOOR

Address

NEW YORK, NY 10005

City, State and Zip Code

LEGAL.SECRETARY'S.OFFICE@BBH.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

HELEN CHANG

Name of Contact Person

at (**212**) **493-8356**

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

2017 JAN 31 P 5:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

**AMENDMENT TO CERTIFICATE OF AUTHORITY
FOR
FOREIGN LIMITED PARTNERSHIP OR
LIMITED LIABILITY LIMITED PARTNERSHIP**

1. The name of the limited partnership or limited liability limited partnership as it appears on the records of the Florida Department of State is:

BROWN BROTHERS HARRIMAN & CO. LIMITED PARTNERSHIP

2. Document Number of Foreign Limited Partnership or Limited Liability Limited Partnership: B94000000422

2. The jurisdiction of its formation is: NEW YORK

3. The date the entity was authorized to transact business in Florida is: 10/19/1994

4. If the amendment changes the name of the limited partnership or limited liability limited partnership, enter the new name:

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.

5. If the amendment changes the general partner(s), list the name and business address of each general partner:

Name:

Business Address:

JARED S. KEYES

BROWN BROTHERS HARRIMAN & CO.

☐ Add

140 BROADWAY

☒ Remove

NEW YORK, NY 10005-1101

☐ Change

LAWRENCE C. TUCKER

BROWN BROTHERS HARRIMAN & CO.

☐ Add

140 BROADWAY

☒ Remove

NEW YORK, NY 10005-1101

☐ Change

☐ Add

☐ Remove

☐ Change

☐ Add

☐ Remove

☐ Change

☐ Add

☐ Remove

☐ Change

☐ Add

☐ Remove

☐ Change

FILED
2017 JAN 31 P 5:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

7. If the amendment corrects any false statement listed in the application, indicate the statement being corrected and the correction:

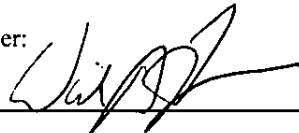
8. If the amendment is to add or delete an election to be a limited liability limited partnership statement, check the appropriate box:

- ☐ The entity elects to be a limited liability limited partnership.
- ☐ The entity is no longer a limited liability limited partnership.

9. Attached is an original certificate, no more than 90 days olds, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

10. 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 of a general partner:



Typed or printed name:

WILLIAM B. TYREE

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

FILED
2017 JAN 31 P 5:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA