# **Electronic Filing Cover Sheet**

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H130000943373ABC/

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

: PECKAR & ABRAMSON Account Name

Account Number : 075350000275 Phone

: (305)358-2600

Fax Number

: (305) 375-0328

\*\*Enter the email address for this business entity to be used for Ature annual report mailings. Enter only one email address please.

drosenberg@pecklew.com

ထု

(DONALO S. ROSENBERG)

APR 26

### LP/LLLP AMENDMENT/RESTATEMENT/CORRECTION NOMA ASSOCIATES, LTD.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$52.50

Electronic Filing Menu

Corporate Filing Menu

Help EXAMINER

FILED

++04			13 APR 26 44 0
440		E OF AMENDMENT	13 APR 26 AM 8: (
	APPROPRIATE AND ARE	TO	SECRETARY OF STATE
	CERTIFICATE OF	LIMITED PARTNERSHIP OF	TALLAHASSEE, FLORIDA
	Noma A	ssociates, Ltd.	
		le with Plorida Department of State	
limited liab	o the provisions of section 620.1202, F pility limited partnership, whose certifi bruary 26, 1986 , assigned Flo	cate was filed with the Florida document number	a Department of State on A22121
adopts the	following certificate of amendment to	its certificate of limited partner	ership.
This amendr	ment is submitted to amend the following:		
A. If amen	ding name, enter the new name of the l	imited partnership or limited I	iability limited partnership
here:			
	_		·
	New name must be distinguish	nable and contain an acceptable suff	ix.
Acceptable L	imited Partnership suffixes: Limited Partners imited Liability Limited Partnership suffixes:	Limited Liability Limited Partnersh	ť
	nding mailing address and/or princi oal office address here:	pal office address, <u>enter new</u>	mailing address and/or
	New Principal Office Address:		
	(Must be STREET address)		
			<del></del>
	New Mailing Address:		
	(May be post office box)		
. If amen	ding the registered agent and/or regist	ered office address on our reco	ords, enter the name of the
	red agent and/or the new registered offic		
		•	
Name	of New Registered Agent:		
New F	Registered Office Address:		
		Enter Florida street ad	dress
		, Florid	daa
	<del></del> -	City	Zip Code

D.

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13 APR 26 AM 8: 06

## New Registered Agent's Signature, if changing Registered Agent: SECRETARY OF STATE TALLAHASSEE, FLORIDA

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

	the general partner(s), enter the of from our records: Name	Address	Type of Action
GP	Meriwether Properties	30 Rockefeller Plaza New York, N.Y. 10112	Add ☑ Remove
<u>GP</u>	Abby M. O'Neill	30 Rockefeller Plaza New York, N.Y. 10112	Add Remove
<del></del>			Add Remove
	. ,		Add Remove
			Add Remove
			Add Remove
	d partnership or límited liabili ship" status, enter change here:		ending its "limited liab
] This Limi	ted Partnership hereby elects to b	e 2 "Limited Liability Limited	Partnership."
This Limi	ted Partnership hereby removes i	ts "Limited Liability Limited P	'artnership" status.

(NOTE: If adding or removing" limited liability limited partnership" status, all general partners must sign this amendment.)

#### FILED

F. If amending any other information, e	nter change(s) here 3(4	IBER additional sh	per if necess	ary.)
	SEC:	RETARY OF STA AHASSEE, FLOR	TE	
			юд.	
		,		
Effective date, if other than the date of filing	· · · · · · · · · · · · · · · · · · ·			
(Effective date cannot be prior to nor more than 90 o State.)	lays after the date this docu	ment is filed by the	Florido Depar	iment of
Signature(s) of a general partner or all general partner is required from soing a "limited liability limited partnership" elewhen adding or removing a "limited liability limited liability limi	ed to sign this document un ction statement. Chapter 6: partnership" election stater	20, F.S., requires all	nership is addi general partne	ing or ors to sign
Signature(s) of all new or dissociating gen Meritarithen Roserkia Bu Monal O. L. Farence		Υ.		
Vice President				
Filing Fee: \$52.5 Certified Copy (optional): \$52.5 Certificate of Status (optional): \$8.5	Page 3 of 3		13 APR 26 AM SECRETARY OF S TALLAHASSEE, FL	
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