

B9500000418

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

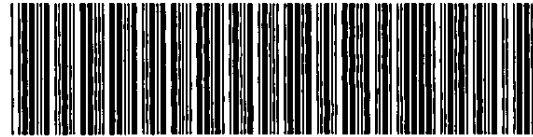
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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14 JUN 23 PM 4:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10 JUN 23 2014

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MERCATOR ASSET MANAGEMENT LLP  
Name of Florida Limited Partnership or Limited Liability Limited Partnership

The enclosed Certificate of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Gisela Martinez

Contact Person

MERCATOR ASSET MANAGEMENT LLP

Firm/Company

5200 Town Center Circle Suite 550

Address

Boca RATON FL 33434

City, State and Zip Code

gisela@mercatorasset.com

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

For further information concerning this matter, please call:

Gisela Martinez

Name of Contact Person

at (561) 361-1079

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

*m*



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 11, 2014

GISELA MARTINEZ  
5200 TOWN CENTER CIRCLE STE 550  
BOCA RATON, FL 33434

SUBJECT: MERCATOR ASSET MANAGEMENT, L.P., LTD.  
Ref. Number: B95000000418

We have received your document for MERCATOR ASSET MANAGEMENT, L.P., LTD. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You submitted the wrong type of form, proper forms are enclosed.

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.

Tim Burch  
Regulatory Specialist II

Letter Number: 714A00012618

**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:

MERCATOR ASSET MANAGEMENT, L.P., LTD

2. The jurisdiction of its formation is: Delaware

3. The date the entity was authorized to transact business in Florida is: 11/20/95

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

n/a

*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:

JXC Corp.

5300 Town Center Circle #550  
BOCA RATON, FL 33486

BXT Corp.

SAME AS ABOVE

GQC Corp.

SAME AS ABOVE

CXR Corp

SAME AS ABOVE

RZK Corp

SAME AS ABOVE

CXN Corp

SAME AS ABOVE

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FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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

n/a

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

n/a

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

☐

The entity elects to be a limited liability limited partnership.

☐

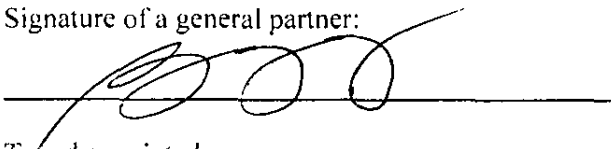
The entity is no longer a limited liability limited partnership.

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. n/a

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:

Bakbara J. Trebbi, General  
Partner and Registered Agent

Filing Fee: \$52.50

Certified Copy (optional): \$52.50

Certificate of Status (optional): \$8.75