

A97000002538

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

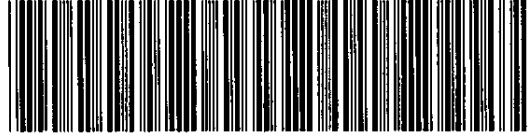
(Business Entity Name)

(Document Number)

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

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06/02/15--01026--007 \*\*52.50

FILED  
15 JUN 12 PM 12:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUN 15 2015

T. BROWN

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** THE ASHLEY LIMITED PARTNERSHIP  
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:

ARMANDO L SUAREZ

Contact Person

THE ASHLEY LIMITED PARTNERSHIP

Firm/Company

2510 SW 87TH AVENUE

Address

MIAMI, FL 33165

City, State and Zip Code

YESCASH4@GMAIL.COM

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

For further information concerning this matter, please call:

ARMANDO L SUAREZ

Name of Contact Person

at ( 305 ) 552-1399

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

15 JUN 12 PM 3:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

June 3, 2015

ARMANDO L SUAREZ  
THE ASHLEY LIMITED PARTNERSHIP  
2510 SW 87TH AVE  
MIAMI, FL 33165

SUBJECT: THE ASHLEY LIMITED PARTNERSHIP  
Ref. Number: A97000002538

We have received your document for THE ASHLEY LIMITED PARTNERSHIP and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a current general partner, if any, and by each newly designated general partner(s).

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.

Teresa Brown  
Regulatory Specialist II

Letter Number: 715A00011649

*CONFIRMED) RE Dep. of State to verify signature.*

*The TWO PARTNERS Removed as GP, FELIX is  
Deceased, and Pilar is hospitalized & cannot sign.*

*The Person (Lady) at the Dept. of State ~~RE~~ STATED that  
only ARMANDO Suarez needed to sign in both  
PLACES due to the circumstances of the 2 deceased GP.  
P.S. Felix & Pilar are/were ARMANDO's parents.*

CERTIFICATE OF AMENDMENT  
TO  
CERTIFICATE OF LIMITED PARTNERSHIP  
OF

THE ASHELY LIMITED PARTNERSHIP

Insert name currently on file with Florida Department of State

FILED  
15 JUN 12 PM 12:20  
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 11/21/1997, assigned Florida document number A97000002538, 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:

*(Must be STREET address)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

New Mailing Address:

*(May be post office box)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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:

\_\_\_\_\_

New Registered Office Address:

\_\_\_\_\_

*Enter Florida street address*

\_\_\_\_\_, Florida \_\_\_\_\_

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.*

\_\_\_\_\_  
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>
GP	SUAREZ, FELIX A (Deceased)	2510 SW 87TH AVENUE MIAMI, FL 33165	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
GP	SUAREZ, PILAR (170 917061250)	2510 SW 87TH AVENUE MIAMI, FL 33165	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
GP	ASHLEY SHOPPING CENTER INC.	2510 SW 87TH AVENUE MIAMI, FL 33165	<input checked="" 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.)

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

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.)

  
BY: ARMANDO L SUAREZ, DIRECTOR OF ASHLEY SHOPPING CENTER, INC.

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

  
BY: ARMANDO L SUAREZ, DIRECTOR OF ASHLEY SHOPPING CENTER, INC.

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