

A99000000031

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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CLERK OF COURT
TALLAHASSEE, FLORIDA

2016 OCT 13 AM 11:34

K. SALY

OCT 13 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HGD ENTERPRISES 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:

MORRIS ENGELBERG, ESQUIRE

Contact Person

M. ENGELBERG & L. MILGRIM, P.A.

Firm/Company

3800 S. OCEAN DR., SUITE 217

Address

HOLLYWOOD, FL 33019

City, State and Zip Code

engelbergmilgrim@bellsouth.net

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

For further information concerning this matter, please call:

MORRIS ENGELBERG, ESQ. at (954) 966-3900

Name of Contact Person

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

**CERTIFICATE OF AMENDMENT
TO
CERTIFICATE OF LIMITED PARTNERSHIP
OF**

HGD ENTERPRISES LIMITED PARTNERSHIP

Insert name currently on file with Florida Department of State

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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 01/06/1999, assigned Florida document number A99000000031, 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

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FALLAHASSE
ty. I further agree to
performance of my duties, and I

If Changing Registered Agent, Signature of New Registered Agent

[illegible]

☐ This Limited Partnership hereby elects to be a “Limited Liability Limited Partnership.”

☐ This Limited Partnership hereby removes its “Limited Liability Limited Partnership” status.

Page 2 of 3

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.)

_____	HGD, INC.
_____	By: <u>Harold Greenberg</u>
_____	HAROLD GREENBERG, Secretary
_____	_____
_____	_____

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

_____	<u>David Greenberg</u>
_____	DAVID GREENBERG
_____	_____
_____	_____
_____	_____

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