

A1906000016S

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

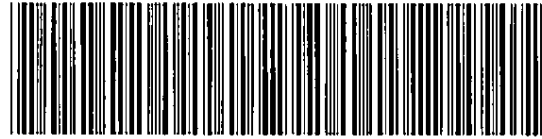
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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2019 MAY 14 A 3:20

TALLAHASSEE, FLORIDA

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19 MAY 15 PM 1:43

DEPARTMENT OF REVENUE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

D SCOTT

MAY 16 2019



**COGENCYGLOBAL**

115 N CALHOUN ST., STE. 4  
TALLAHASSEE, FL 32301  
866.625.0838  
COGENCYGLOBAL.COM

Account#: 120000000088

Date: May 15, 2019

Name: KEN HOWELL

Reference #: 1082239

Entity Name: 8307 LOCKWOOD RIDGE ROAD LP

☐ Articles of Incorporation/Authorization to Transact Business

☒ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

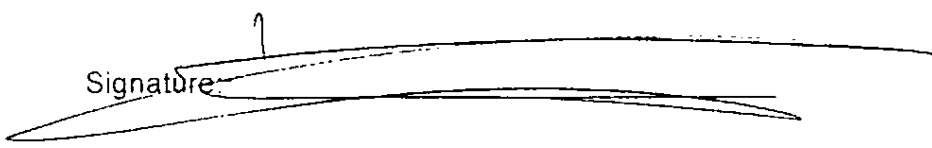
☐ Fictitious Name

☐ Other \_\_\_\_\_

ISSUES? CALL  
KEN:  
518-213-0738

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2019 MAY 14 A 3:20  
TALLAHASSEE, FLORIDA

Authorized Amount: \$52.50 - Already Deducted

Signature: 



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 15, 2019

COGENCY

SUBJECT: 8307 LOCKWOOD RIDGE ROAD LP  
Ref. Number: A19000000165

We have received your document for 8307 LOCKWOOD RIDGE ROAD LP and the authorization to debit your account in the amount of \$52.50. However, the document has not been filed and is being returned for the following:

The document submitted is incomplete, missing page 1 of document. The cover page does not act as page 1.

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

The document must be signed by the dissociating general partner unless the document states the general partner is deceased or a guardian or general conservator has been appointed or the general partner previously filed a Statement of Dissociation with the Florida Department of State.

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.

Karen A. Saly  
Regulatory Specialist II

Letter Number: 819A00009751

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819 MAY 14 A 3:20  
CLERK OF COURT  
JANET L. FORD

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 8307 LOCKWOOD RIDGE ROAD LP  
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:

TRICIA A. MERCADO

Contact Person

AKERMAN LLP

Firm/Company

350 EAST LAS OLAS BOULEVARD SUITE 1600

Address

FORT LAUDERDALE FL 33301

City, State and Zip Code

TRICIA.MERCADO@AKERMAN.COM

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

For further information concerning this matter, please call:

TRICIA A. MERCADO

at ( 954 ) 759-8964

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

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2019 MAY 14 A 3:20  
TALLAHASSEE, FL

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

8307 LOCKWOOD RIDGE ROAD LP

Insert name currently on file with Florida Department of State

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 April 12, 2019, assigned Florida document number A19000000165, 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 L.L.P.*

**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	MICHAEL SERRUYA	210 SHIELDS COURT MARKHAM, ON, L3R 8V2, CA	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
GP	9311VDV GP, INC.	210 SHIELDS COURT MARKHAM, ON, L3R 8V2, CA	<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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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**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.)*

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.


**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.)

 Tania A. Mercado

Authorized Representative of GP

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

 Tania A. Mercado  
Authorized Representative of GP

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

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289 MAY 14 A 3:20  
ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED  
DATE 05-14-20 BY 60322 UCBAW