

A 9700000 1264

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

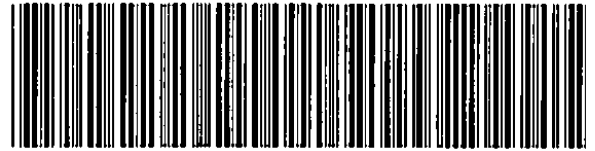
Certificates of Status _____

Special Instructions to Filing Officer:

Sarah Campbell gave
permission to correct
document on
7-5-19.
DC

Office Use Only

7-5-19



800330595798

06/14/19--01025--006 *+52.5

19 JUL -5 PM 1:49
DIVISION OF CORPORATION

EP
Amend.

7-5-19

DC



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 2, 2019

ELIZABETH J. BARBER, ESQ.
DUNLAP & MORAN, P.A.
P. O. BOX 3948
SARASOTA, FL 34230

SUBJECT: SILVERSTEIN FAMILY LIMITED PARTNERSHIP
Ref. Number: A97000001264

We have received your document and check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

ON PAGE 3 OF 3 OF THE CERTIFICATE OF AMENDMENT WE REQUIRE THE CURRENT GENERAL PARTNER, WHICH IS H.S. FINANCIAL, INC., TO SIGN THE DOCUMENT BY THE PINK STAR.

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) 245-6050.

Darlene Connell
Regulatory Specialist II Supervisor

Letter Number: 419A00013444

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SILVERSTEIN FAMILY 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:

Elizabeth J. Barber, Esq.

Contact Person

Dunlap & Moran, P.A.

Firm/Company

PO Box 3948

Address

Sarasota, FL 34230

City, State and Zip Code

ebarber@dunlapmoran.com

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

For further information concerning this matter, please call:

Elizabeth J. Barber, Esq.

at (

941

) 366-0115

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

19 JUL -5 PM 1:49
DIVISION OF CORPORATIONS

CERTIFICATE OF AMENDMENT
TO
CERTIFICATE OF LIMITED PARTNERSHIP
OF

SILVERSTEIN FAMILY LIMITED PARTNERSHIP

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 06/09/1997, assigned Florida document number A97000001264, 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 LLP.

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

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.

D. If amending the general partner(s), enter the name and business address of each general partner being added or removed from our records:

[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.)*

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.)

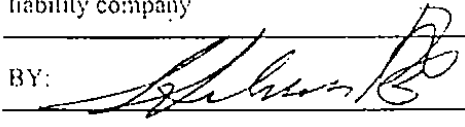
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.)

✓ HS FINANCIAL, **INC.** a Florida limited

liability company

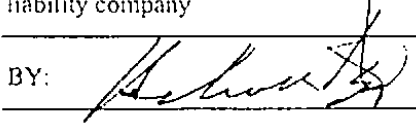
✓ BY: 

Herbert Silverstein, Manager

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

✓ HS FINANCIAL, LLC. a Florida limited

liability company

✓ BY: 

Herbert Silverstein, Manager

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