

A 93000000303

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

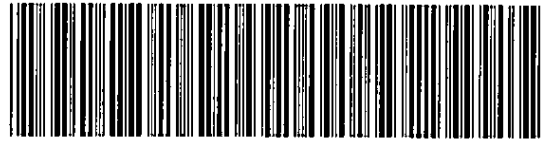
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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06/12/19--01013--033 **\$2.50

2019 AUG -5 PM 6:04

FILED

C. GOLDEN

AUG - 6 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Triple R Associates, Ltd
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:

Mary Pat Hevener

Contact Person

Triple R Associates, Ltd

Firm/Company

6300 NE 1st Avenue, Suite 300

Address

Fort Lauderdale, Florida 33334

City, State and Zip Code

mph@roschman.com

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

For further information concerning this matter, please call:

Mary Pat Hevener

at (954) 343-2471

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 18, 2019

MARY PAT HEVENER
6300 NE 1ST AVENUE
SUITE 300
FORT LAUDERDALE, FL 33334

SUBJECT: TRIPLE R ASSOCIATES, LTD.
Ref. Number: A93000000303

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):

The document must be signed by all of the general partners.

↙ The new general partners has to sign the document. Please remove "MGR" as a title; they will be listed as a general partner. ↘

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.

Claretha Golden
Regulatory Specialist II

Letter Number: 419A00014654

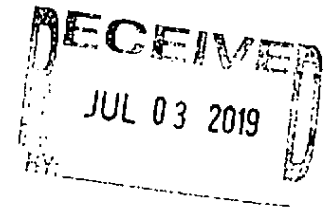


FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 26, 2019

MARY PAT HEVENER
6300 NE 1ST AVENUE
SUITE 300
FORT LAUDERDALE, FL 33334

SUBJECT: TRIPLE R ASSOCIATES, LTD.
Ref. Number: A93000000303



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):

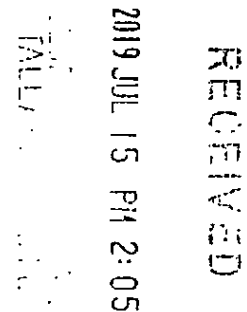
The document must be signed by all of the general partners.

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.

Claretha Golden
Regulatory Specialist II

Letter Number: 619A00012990



CERTIFICATE OF AMENDMENT
TO
CERTIFICATE OF LIMITED PARTNERSHIP
OF

FILED

2019 AUG -5 PM 6:04

Triple R Associates Ltd

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 03/22/1993, assigned Florida document number A93000000303, 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>
<u>MGR</u>	<u>Robert J Roschman</u>	<u>6300 NE Avenue Suite 300</u> <u>Fort Lauderdale, FL 33334</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>MGR</u>	<u>Jeffery S Roschman</u>	<u>6300 NE Avenue Suite 300</u> <u>Fort Lauderdale, FL 33334</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
<u>GENERAL</u> <u>PARTNER</u>	<u>ROBERT J ROSCHMAN</u>	<u>6300 NE 1ST AVE SUITE 300</u> <u>FORT LAUDERDALE FL 33334</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>GENERAL</u> <u>PARTNER</u>	<u>JEFFERY S. ROSCHMAN</u>	<u>6300 NE 1ST AVE SUITE 300</u> <u>FORT LAUDERDALE FL 33334</u>	<input checked="" 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.)

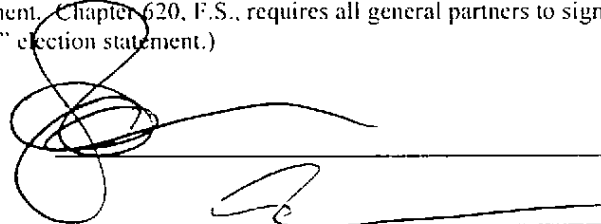
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.)

JJR Investment Corp a Florida corporation, Its

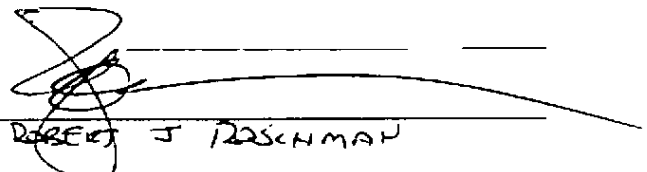
General Partner, By Robert Roschman, VP



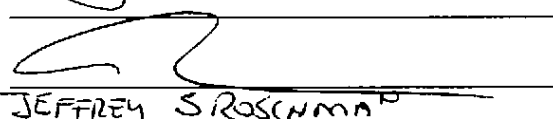
Signature(s) of all new or dissociating general partner(s), if any:

GENERAL PARTNER

GENERAL PARTNER



ROBERT J. ROSCHMAN



JEFFREY S. ROSCHMAN

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