Pforida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000128674 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I20000000195 Phone : (850)521-0821 : (850)558-1515 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

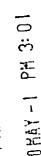
Email	Address:	 		

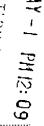
LP/LLLP AMENDMENT/RESTATEMENT/CORRECTION NOMA ASSOCIATES, LTD.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	S52.50

Electronic Filing Menu — Corporate Filing Menu

Y SULKEPP MAY 0 4 2020





CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

Notia Associates, U.d.			
Insert name currently on t	ile with Florida De	epartment of State	
Pursuant to the provisions of section 620.1202, Flimited liability limited partnership, whose certificate of amendment to	icate was filed vida document	with the Florida Department of State of number A22121	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the here:	limited partners	hip or limited liability limited partners	<u>hi</u>
New name must be distinguish	hable and contain	an acceptable suffix.	
Acceptable Limited Partnership suffixes: Limited Partners, Acceptable Limited Liability Limited Partnership suffixes:	hip, Limited, L.P., Limited Liability (limited Partnership, L.L.L or ULES	
B. If amending mailing address and/or princi principal office address here:	pal office addi	ress, enter new mailing address and	<u>0</u>
New Principal Office Address: (Must be STREET address)			ר כ
New Mailing Address: (May be post office box)		> 0	
C. If amending the registered agent and/or registere registered agent and/or the new registered office ad	ed office address dress here:	s on our records, enter the name of the a	<u>167</u>
Name of New Registered Agent:			
New Registered Office Address:	Enter l	Florida street address	
110000 800000000		, Florida	
	City	Zip Code	

☐ Add ☐ Remove

☐ Add ☐ Remove

☐ Add ☐ Remove

☐ Add ☐ Remove

New Registered Agent's Signature, if changing Registered Agent:

comply with the	provisions of all statutes rela	d agent and agree to act in this cative to the proper and complete of my position as registered agen	verformance of my duties, and
D. If amending	the general partner(s), ente	If Changing Registered Agen	i. Signature of New Registered Agent
Title	Name	Address	Type of Action
GP_	Abby M. O'Neill	1 Rockefeller Plaza Suite 2500 New York, NY 10022	□ Add ■ Remove

E. If the limited partnership or limited	liability limited	partnership is	amending its	"limited liability
limited partnership" status, enter change		•	Ç.	•

	This Limited Partnership	p 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.

	on, enter change(s) here: (Attach additional sheets, if necessary.)
Effective date, if other than the date of in (Effective date cannot be prior to nor more than State.)	filing: 190 days after the date this document is filed by the Florida Department of
	meet the applicable statutory filing requirements, this date will not experiment of State's records.
Signature(s) of a general partner or a	ill general partners*:
(*NOTE: Only one current general partner is r	equired to sign this document unless the limited parmership is adding or of election statement. Chapter 620, F.S., requires all general parmers to sign
James O O Warl	Ja Sale Remaining GA
Signature(s) of all new or dissociating	general partner(s), if any:
Nous	Dissociaming EP passed
	AWAY PATION to 12-31/2015
	NO SOBSTITY ACTORED
Filing Fee: \$52. Certified Copy (optional): \$52. Certificate of Status (optional): \$8.	50