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Division of Corporations

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ssm@katzbarron.com

LP/LLLP AMENDMENT/RESTATEMENT/CORRECTION 20240 SEAGATE, LLLP

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\$52.50 Estimated Charge

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November 06, 2023 1538 To:Resending: 20240 SEAGATE, LILLY Fax:18506176383

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November 6, 2023

FLORIDA DEPARTMENT OF STATE
Division of Corporations

KATZ BARRON

SUBJECT: 20240 SEAGATE, LLLP

REF: A19000000117

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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STANTON H ROBERTS
Regulatory Specialist III

FAX Aud. #: H23000379805 Letter Number: 623A00025794 H23000379805 3

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

	20240 SEAGATE, LLI	LP	
Insert name curr	ently on file with Florid	a Department of State	
Pursuant to the provisions of section 620 limited liability limited partnership, who March 15, 2019, ass adopts the following certificate of amen	se certificate was fil	ed with the Florida Do	partment of State of
adopts the following certificate of amen	dment to its certifica	te of limited partnersh	ip.
This amendment is submitted to amend the f	ollowing:		
A. If amending name, enter the new nam	ae of the limited part	nership or limited liabi	lity limited partnership
here:			1, 3, 4, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5,
	20240 SEAGATE, L	P	
New name must be	distinguishable and con	tain an acceptable suffix.	!
Acceptable Limited Partnership suffixes: Limite Acceptable Limited Liability Limited Partnershi	d Parmership, Limited, ip suffixes: Limited Liab	L.P., LP, or Lid. ility Limited Partnership, L	.L.L.P. or LLLP.
B. If amending mailing address and/ principal office address here:	or principal office s	address, <u>enter new m</u>	ailing address and/or
New Principal Office Add (Must be STREET address)	dress:		
New Mailing Address: (May be post office box)			
C. If amending the registered agent and/ registered agent and/or the new registere	or registered office ad d office address here:	ldress on our records, <u>e</u>	nter the name of the new
Name of New Registered Agent:			
New Registered Office Address:	E	inter Florida street addre	ess
		, Florida	
	City	, ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;	Zip Code

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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
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>	Name	Address	Type of Action
			_
			_
			_
			_

- 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.)

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Effective date, if other than the da	te of filing:		
(Effec <mark>tive date cannot be prior t</mark> o nor mo State.)	re than 90 days aft	er the date this document is filed by the Florida Depar	tment
Note: If the date inserted in this block do		slicable statutory filing requirements, this date will not	ţ .
be listed as the document's effective date	on the Departmen	of State's records.	
6:	0110		
Signature(s) of a general partne	r or all general	partners":	
		gn this document unless the limited partnership is add	
removing a "limited liability limited part when adding or removing a "limited liab		stement. Chapter 620, F.S., requires all general partnership? alection statement.)	ers to s
0240 SEAGATE CORTORATION, as G	-	sup election statement.)	
(1)			
Kevin McCrann, Director			
Kevin McCaina, Director			
Jeffrey Hunt, Director			
			·····
61	!		
Signature(s) of all new or dissoc	iating general p	artner(s), ii any	

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