A01000001284

(Ke	equestor's Name)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	ne)
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Certified Copies	_ Certificates	s of Status
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Special Instructions to	Filing Officer:	
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COVER LETTER

Division of C				
SHRIFCT: PARK P	LAZA I LIMITED PART	NERSHIP		
No.	LAZA I LIMITED PART une of Florida Limited Pa	rtnership or Limited I	Liability	Limited Partnership
The enclosed Certifi	cate of Amendment a	nd fee(s) are subn	nitted	for filing.
Please return all corn	respondence concerni	ng this matter to:		
John Catalano				
•	Contact Person		_	
Siegfried Rivera				
	Firm/Company		=	
201 Alhambra Circle, F	loor 11			
	Address		-	
Coral Gables, Florida 3.	3134			
	City, State and Zip Code		-	
JCATALANO@SIEGI	FRIEDRIVERA.COM			
E-mail address: (to	be used for future annual	report notification)	-	
For further informat	ion concerning this m	atter, please call:		
John Catalano		at (305	442-8	3548
Name of Conta	ict Person		-/	ime Telephone Number
Enclosed is a check	for the following amo	unt:		
■ \$52.50 Filing Fee	☐S61.25 Filing Fee and Certificate of Status	☐\$105.00 Filing and Certified Cop		S113.75 Filing Fee, Certified Copy, and Certificate of Status
Mailing Address:		Street	Addre	<u>:88:</u>
Registration Section Registration Section				
Division of Corporations Division of Corporations			•	
P.O. Box 6327 The Centre of Tallahassee				
Tallahassee, FL 323	14			roe Street, Suite 810
		ranana	issee.	FL 32303

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

	MITED PARTNERSHIP e with Florida Department of State
Pursuant to the provisions of section 620.1202, Flo limited liability limited partnership, whose certific September 21, 2001 assigned Flor	orida Statutes, this Florida limited partnership or eate was filed with the Florida Department of State on rida document number A01000001284
adopts the following certificate of amendment to i	ts certificate of limited partnership.
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the libere:	mited partnership or limited liability limited partnership
New name must be distinguished	able and contain an acceptable suffix.
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 registere registered agent and/or the new registered office add	d office address on our records, <u>enter the name of the new</u> i <u>ress here</u> :
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address

City

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 h
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:

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
GP	SSIL Inc.	11911 US Highway One Suite 206 North Palm Beach, FL 33408	☐ Add ☐ Remove
GP	SSIL Park Plaza GP, Inc.	11911 US Highway One Suite 206 North Palm Beach, FL 33408	_
			_ □ Add □ Remove
			□ Add □ □ Remove
			_ □ Add □ Remove

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

This Limited Partnershi	p hereby elects to	be a "Limited l	Liability Lir	nited 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 info	rmation, enter chai	nge(s) here: <i>(Attaci</i>	h additional sheets, if	(necessary.)

				_
Effective date, if other than the dat (Effective date cannot be prior to nor more	e of filing:	the date this documer	a is filed by the Floride	a Department of
State.)				
Note: If the date inserted in this block do be listed as the document's effective date			equirements, this date	WIII BOU
	.,	4		
Signature(s) of a general partner				
(*NOTE: Only one current general partr removing a "limited liability limited partr when adding or removing a "limited liabi	nership" election state	ment. Chapter 620, I	S., requires all genera	
DocuSigned by:	,			
Allan Lyons 2884957CA31847B				
Allan Lyons, Director of SSIL Inc.				
Signature(s) of all new or dissoci	ating general pai	rtner(s), it any:		
Allan Lyons				
Allan Lyons, Director of SSIL Pa	irk Plaza GP, Inc.		<u>-</u>	
				·
				_
12:12:	\$5 3 50			
Filing Fee: Certified Copy (optional):	\$52.50 \$52.50			
Certificate of Status (optional):	\$8.75			