A02474

(Requestor's Name)				
(Add	dress)			
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(City/State/Zip/Phone #)				
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(Doc	cument Number)			
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LP-27.50

D. BRUCE

JAN 24 2012

EXAMINER

FLORIDA DEPARTMENT OF STATE Division of Corporations

January 11, 2012

KAREN DORSEY WEST TENN APPLEYARD ASSOCIATES LTD 1100 S POWERLINE ROAD, #220 DEERFIELD BEACH, FL 33442

SUBJECT: 3635 ASSOCIATES, LTD.

Ref. Number: A02474

12 JAN 23 AM 8: 06

We have received your document for 3635 ASSOCIATES, LTD. and your check(s) totaling \$75.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

The fee to file your document is \$52.50. An additional \$52.50 is due for each certified copy requested and an additional \$8.75 is due for each certificate of status requested.

There is a balance due of \$27.50.

The effective date must be specific and cannot be prior to the date of filing.

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) 245-6984.

Deborah Bruce Regulatory Specialist II

Letter Number: 312A00000779

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: 3635 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:
Karen Dorsey Contact Person
Contact Person 3635 Associates Lld Firm/Company
1100 5 Powerling Rd # 220
Address Deerfield Beach, FL 33442 City, State and Zip Code ascindustries @ a mail. com
Deer Tie d Beach, The 33442
gscindustries@gnail.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (305) 895-9525 Area Code and Daytime Telephone Number
Name of Contact Person Area Code and Daytime Telephone Number
Enclosed is a check for the following amount:
\$52.50 Filing Fee and Certificate of Status \$105.00 Filing Fee \$113.75 Filing Fee, Certified Copy, and Certificate of Status
STREET ADDRESS: MAILING ADDRESS:
Registration Section Registration Section
Division of Corporations Clifton Building Division of Corporations P. O. Box 6327
2661 Executive Center Circle Tallahassee, FL 32314
Tallahassee, FL 32301

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

3635 Associates Ltd.

Insert name currently on file with Florida Department of State

Pursuant to the provisions of section 620. limited liability limited partnership, whos	e certifi	cate was filed with t	he Florida	Department of S	or State on
adopts the following certificate of amenda	ment to	its certificate of limi	ted partner	ship.	
This amendment is submitted to amend the fol	lowing:			· # # ·	
A. If amending name, enter the new name	of the l	imited partnership or	· limited lia	bility limited pa	<u>ma</u> ership
<u>here</u> :				AHAS	THE H
New name must be d	istinguish	nable and contain an acce	ptable suffix		
Acceptable Limited Partnership suffixes: Limited Acceptable Limited Liability Limited Partnership	Partnersk suffixes: i	hip, Limited, L.P., LP, or Limited Liability Limited	Ltd. Partnership,		登 6:0
B. If amending mailing address and/or principal office address here:	princij	pal office address, <u>e</u>	nter ne <u>w</u> r	nailing address	and/or
New Principal Office Addre (Must be STREET address)	⊇SS:	Neorfield	servine Beach	Re#2:	L0 82
New Mailing Address: (May be post office box)		Deerheld	verline Beach,	Rd#22 FL 3344	0 2
C. If amending the registered agent and/onew registered agent and/on the new registered agent and/one the new registered agent.	red offic	e address here:			ne of the
Name of New Registered Agent:	Br	ad Goldman	<u> </u>		
New Registered Office Address:	1100	ad Goldman	street addre	± #220	
`	Deer	field Beach	, Florida	33442	
		City		zip Coae	

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:-"

Title	Name	Address 1	Type of Action
Gen Partner	Robert Grossman	12700 Biscory ne Blod N Michel, Ph 33180	Add Remove
Gen Part.	BRG Property Management LC 11/10/13/6789	MOOS. Poweline Rd. Deerfield Beach, FL 33442	Add Remove
			∐ Add □ Remove
			Add Remove
			□ Add on the control of the control
			☐Add ☐Remove

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

L	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 informs	ation, enter change	(s) here: (Attach addition	al sheets, if necessary.)
AIA			
			
Effective data if other than the data	of Clima.		
Effective date, if other than the date of (Effective date cannot be prior to nor more the State.)	of fiffing: han 90 days after the d	date this document is filed by	the Florida Department of
Situe.j		•	
Ci			
Signature(s) of a general partner or			
(*NOTE: Only one current general partner i removing a "limited liability limited partners"	hip" election statemer	t. Chapter 620, F.S., require	I partnership is adding or es all general partners to sign
when adding or removing a "limited liability	limited partnership" e	election statement.)	
x Saw Mar			
			-
Signature(s) of all new or dissociation	ng general partne	er(s), if any:	4W2
Bulla			S Y
+ Mw MK/			
			8

Filing Fee: \$5	52.50		
Certified Copy (optional): \$5	52.50 58.75		