## A03000000502

(Requestor's Name)		
(Address)		
(Address)		
(Ci	ty/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL MAIL
(Bu	isiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

2025 JUL 10 AM 10: 4(

JUL 22

## **COVER LETTER**

L'TO: Registration Section

Division of C	orporations		
SUBJECT: 6412 University Shoppes LLLP			
Nar	ne of Florida Limited Parti	nership or Limited I	Liability Limited Partnership
The enclosed Certificate of Amendment and fee(s) are submitted for filing.			
Please return all corre	espondence concerning	g this matter to:	
Maria Wharton			_
<del></del>	Contact Person		
6412 University Shoppes	s LLLP		_
_	Firm/Company		_
6099 Stirling Road Suite	214		_
	Address		-
Davie, FL 33314			_
C	ity, State and Zip Code		-
maria.wharton@yahoo.e	com		
E-mail address: (to	be used for future annual r	eport notification)	-
For further information	on concerning this ma	tter, please call:	
Maria Wharton		at ( <sup>954</sup>	533-5563
Name of Contac	et Person	Area Code ai	nd 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 and Certified Cop	
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	



June 18, 2025

6412 UNIVERSITY SHOPPES LLLP MARIA WHARTON 6099 STIRLING ROAD, SUITE 214 DAVIE, FL 33314

SUBJECT: 6412 UNIVERSITY SHOPPES LLLP

Ref. Number: A03000000502

We have received your document for 6412 UNIVERSITY SHOPPES LLLP and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

A general partner must sign the document.

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) 245-6939.

Letter Number: 925A00013323

Stacy Prather Regulatory Specialist III

## CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

2025 JUL 10 AM 10: 43 SECRETARY OF STATE FALLAHASSEE, FLORIDA
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6412 University Shoppes LLLP			
Insert name cur	rently on fil	le with Florida Department of State	M 10: 43
Pursuant to the provisions of section 62 limited liability limited partnership, who March 28, 2003, ass	ose certifi		artment of State on
adopts the following certificate of amen			
This amendment is submitted to amend the	following:		
A. If amending name, enter the new nar here:	ne of the l	imited partnership or limited liability	ilimited partnership
	_		
New name must be	e distinguish	nable and contain an acceptable suffix.	
Acceptable Limited Partnership suffixes: Limite Acceptable Limited Liability Limited Partnersh	ip suffixes: .	Limited Liability Limited Partnership, L.L.	
B. If amending mailing address and/ principal office address here:	or princi <sub>l</sub>	pal office address, <u>enter new mail</u>	ng address and/or
New Principal Office Add	dress:	·	
(Must be STREET address)	<del>-</del> · · · ·		
New Mailing Address:			
(May be post office box)			
C. If amending the registered agent and/or the new registered			the name of the new
Name of New Registered Agent:	Maria	Wharton	<del></del>
New Registered Office Address:	6099 S	stirling Road Suite 214	
_		Enter Florida street address	

City

Davie

\_\_\_\_, Florida 33314 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.

mani in whaton		
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>	Type of Action
	Jupiter Global Inc	6099 Stirling Road Suite 214 Davic, FL 33314	□ Add □ Remove
	Daylight Investments LLC	6099 Stirling Road Suite 214 Davie, FL 33314	
			□ Add □ Remove
			□ Add □ □ Remove
	<u></u>		□ Add □ Remove

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

п	This Limited Partnershi	n hereby elects to be a	"Limited Liability	Limited Partnership."
u	rins Linuteu i ai dicisiii	p nereby elects to be a	Limited Liability	Emmed rai dicisinpi

☐ 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.)

	<del> </del>
man 1 10 1 1 1 0 CT	
Effective date, if other than the date of filing: (Effective date cannot be prior to nor more than 90 days after the	he date this document is filed by the Florida Department of
State.) Note: If the date inserted in this block does not meet the application of the state of t	
be listed as the document's effective date on the Department of	State's records.
Signature(s) of a general partner or all general pa	
(*NOTE: Only one current general partner is required to sign tremoving a "limited liability limited partnership" election stater when adding or removing a "limited liability limited partnership"	ment. Chapter 620, F.S., requires all general partners to sign
mani M. Whaton mame	2025 FALL
Mari M. Whaton, mame Daylight Investments LLC General Partner of 6412 University Shoppes LUP	AHAS
General Partner of	SEE.
6412 University Shappes LUP	FLOR
Signature(s) of all new or dissociating general par	ther(s), if any
Sin F Angella Resident of	maun m. whatm, mappe
Tupoten Global Inc	Daylight Investments UC
Commend Product of	General Partner of
6412 University Shopper LLLP	6412 University Shapper LLIP
••	
Filing Fee: \$52.50 Certified Copy (optional): \$52.50	
Certificate of Status (optional): \$8.75	