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COVER LETTER

TO:	_	tration S ion of C	ection orporations				
SURI	ECT:	AMERA	99, LTD				
3030	12011	Nar	ne of Florida Limited	Partnership	or Limited	Liability	Limited Partnership
The enclosed Certificate of Amendment				and fee(s) are subr	nitted fo	or filing.
Please	return	all corre	espondence concer	ning this r	natter to:		
ERIN RACITI				:			
Contact Person AMERA REALTY SERVICES, INC					_		
			Firm/Company			_	
2900 U	NIVER:	SITY DRI	VE				
	-		Address			_	
CORA	L SPRIN	IGS, FL 3	3065				
		С	ity, State and Zip Cod			_	
ERacit	ti@amer	acorporati	on.com				
E-	-mail add	iress: (to l	oe used for future annu	al report no	tification)	_	
For fu	rther in	formatio	on concerning this	matter, pl	ease call:		
ERIN RACITI			at (954	8022	100	
Name of Contact Person			A	rea Code a	nd Daytir	me Telephone Number	
Enclos	sed is a	check fe	or the following an	nount:			
= \$52.	.50 Filin	g Fee	□\$61.25 Filing Fee and Certificate of Status		05.00 Filing ertified Co		□\$113.75 Filing Fee, Certified Copy, and Certificate of Status
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301				Registr Division P. O. E	ration S on of Co Box 632	orporations	

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP **OF**

. •		
CERTIFIC	EATE OF AMENDME TO	NERSHIP nent of State
CERTIFICATE	OF LIMITED PARTI	NERSHIP
	OF	2/3
	MERA 99, LTD	
Insert name currently	on file with Florida Departr	ment of State
Pursuant to the provisions of section 620.126 limited liability limited partnership, whose constants of the constant of the co		the Florida Department of State on
adopts the following certificate of amendme		
Γhis amendment is submitted to amend the follow	ving:	
A. If amending name, <u>enter the new name of</u> here:	the limited partnership	or limited liability limited partnership
99 AVI	ENUE, LTD	
	nguishable and contain an ac	ceptable suffix.
Acceptable Limited Partnership suffixes: Limited Partnership suffixes Limited Liability Limited Partnership suffixes. B. If amending mailing address and/or properties of the properties of the properties of the properties of the principal of the properties of the principal of the properties of the principal of	ixes: Limited Liability Limit	ed Partnership, L.L.L.P. or LLLP.
New Principal Office Address	- N/A	
(Must be STREET address)		
		·
		
New Mailing Address:		
(May be post office box)	·	<u> </u>
	-	
C. If amending the registered agent and/or relew registered agent and/or the new registered		on our records, enter the name of the
Name of New Registered Agent:	//A	
New Registered Office Address:		
	Enter Flori	da street address
		Plosido
-	City	, Florida Zip Code
	,·	

New	Register	ed Agent's Signature, if	changing Registered Agent:	N/A
comp	ly with th	e provisions of all statutes	ered agent and agree to act in this c relative to the proper and complete ins of my position as registered agen	performance of my duties, and I
			If Changing Registered Agen	t, Signature of New Registered Agent
D. If	f amendir d or remo	ng the general partner(s), e	enter the name and business addres	ss of each general partner being
	<u>Title</u>	<u>Name</u>	Address	Type of Action
	N/A			Add Remove
				□ n
				[] Domovo
				D D amous
				Remove
				Add Remove
E. If	f the limi ed partn	ited partnership or limite ership" status, enter chan	ed liability limited partnership is	
	This Li	mited Partnership hereby e	elects to be a "Limited Liability Lim	ited Partnership."
	This Li	mited Partnership hereby r	removes its "Limited Liability Limit	ed Partnership" status.
(NOT	E: If addi	ing or removing" limited liabili	ity limited partnership" status, all genera	l partners must sign this amendment.)

F. If amending any other information, en	ter change(s) here: (Attach additional sheets, if necessary.)
N/A	
Effective date, if other than the date of filing:	04/19/19
	ys after the date this document is filed by the Florida Department of
Note: If the date inserted in this block does not meet to be listed as the document's effective date on the Department.	he applicable statutory filing requirements, this date will not
be usied as the document's effective date on the Depa	timent of state's records.
Signature(s) of a general partner or all gen	argl northers*:
Signature(s) of a general partner of an gen	ter ar partners.
	d to sign this document unless the limited partnership is adding or
when adding or removing a "limited liability limited p	tion statement. Chapter 620, F.S., requires all general partners to sign artnership" election statement.)
G. GI ENTERPRISES, INC	
Giscle Rahael, President	
Signature(s) of all new or dissociating gene	ral partner(s), if any:
N/A	
	
Filing Fee: \$52.50	
Certified Copy (optional): \$52.50 Certificate of Status (optional): \$8.75	
Commence of Status (optional). 30./3	