Florida Department of State Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000280340 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SHUTTS & BOWEN, LLP

Account Number : 076447000313 Phone : (305)358-9166 Fax Number : (305)347-7766

Enter the email address for this business entity to be used for future annual report mailings. These sales are annual report mailings. Enter only one email address please.

Email Address: RCheng@shutts.com

LP/LLLP AMENDMENT/RESTATEMENT/CORRECTION ROYALTON APARTMENTS, LTD.

Certificate of Status	1	
Certified Copy	1	
Page Count	03	
Estimated Charge	\$113.75	

Electronic Filing Menu Corporate Filing Menu

ഗ

AUG 1 7 2020

(((H20000280340 3)))

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

ROYALTON AP.	ARTMENTS, LTD)
Insert name currently on file	with Florida Depar	tment of State
Pursuant to the provisions of section 620.1202. Flo limited liability limited partnership, whose certification february 4, 2004.	ite was filed wit da document nu	imber A04000000299
adopts the following certificate of amendment to its	s certificate of t	inted partitersimp.
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited partnershi	p or limited liability limited partnership
New name must be distinguisha	ble and contain an	acceptable suffix.
Acceptable Limited Partnership suffixes: Limited Partnershi Acceptable Limited Liability Limited Partnership suffixes: L	imited Lidottiy Gir	mica i armeronyi zamini
B. If amending mailing address and/or princip principal office address here:	al office addre	1020
New Principal Office Address:		<u>.</u>
(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 ad	ed office address dress here:	on our records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter F	Florida street address
		Florida
	City	Zip Code

(((H20000280340 3)))

New Registered Agent's Signature, if changing Registered Agent:

		If Changing Registered Agent.	Signature of New Registered
			c ll namen
mending r remove	the general partner(s), enter the d from our records:	name and business address	of each general partn
itle	Name	Address	Type of Action
p	TCG ROYALTON APARTMENTS, LUC	5255 NW 29th Avenue MIAMI, FL 33142	☐ Add ■ Remove
			☐ Add
			☐ Add ☐ Remove
·			☐ Add
			☐ Add

(((H20000280340 3)))

r. If amending any other informa	acion, enter enar	nge(s) here: (Attach additional sheets, if necessary.)
		
	_	
ffective date, if other than the date ffective date cannot be prior to nor more	of filing: than 90 days after	the date this document is filed by the Florida Department of
late)	not meet the appli-	cable statutory filing requirements, this date will not
e listed as the document's effective date or	the Department o	of State's records.
signature(s) of a general partner (
*NOTE: Only one current general partne emoving a "limited liability limited partne when adding or removing a "limited liability of Royalith Apartments, LLC		n this document unless the limited partnership is adding or tement. Chapter 620, F.S., requires all general partners to sighip" election statement.)
Sank: Stephani Bernan		
Fige: President		
Signature(s) of all new or dissocia	ating general p	partner(s), if any:
TCG Royalton Apartments, LLC affects limited limited framility company		
on Pal St		
Name: Bruce Greer		
Title: MGRM	<u> </u>	
		
	\$52.50	
Filing Fee: Certified Copy (optional):	\$52.50 \$52.50	
Certificate of Status (optional):	\$8.75	