## A0400000 1028

	(Requestor's Name)	
(Requestor's Name)		
	(Address)	
	(Address)	
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	(City/State/Zip/Phone #)	
☐ PICK-U	IP WAIT MAIL	
	(Business Entity Name)	
	,	
	(Document Number)	
Certified Copies	Certificates of Status	
F		
Special Instruction	ns to Filing Officer:	
wrong	402M1	
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-	Office Use Only	



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FILED
18 SEP-6 AM 12: 17
SECRETARY OF STATE
AND SEE, FLORID

K SALY SEP 1 4 2018



July 23, 2018

GATOR HAMPTON PARTNERS, LLLP GARFIELD DACAS 7850 NW 146TH ST, 4TH FLOOR MIAMI LAKES, FL 33016

SUBJECT: GATOR HAMPTON PARTNERS, LLLP

Ref. Number: A0400001028

We have received your document for GATOR HAMPTON PARTNERS, LLLP and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a LLC, but your entity is a LP/LLLP. Please complete and return the enclosed blank form(s).

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) 245-6051.

Letter Number: 018A00015101

Karen A Saly Regulatory Specialist II

www.sunbiz.org



August 27 2018

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL, 32301

Dear Sir/Madam,

Enclosed is a check in the amount of fifty dollars (\$50.00) for addition fees, for us to get a certificated copy of an amendment, to change of our business address in order for us to be registered in State of Virginia.

Thanks for your help in this matter

Yours, Gator Hampton Partners, LLLP

Clive James

Accounts Department Tel: 305 949 9049 x 247

Email: Clames@gatorinv.com

/CJ

Encl.

Tel: 305.949.9049 Fax: 305.948.6478 7850 NW 146th Street, 4th Floor Miami Lakes, FL 33016 www.gatorinvestments.com

#### **COVER LETTER**

_	stration S sion of C	orporations			
SUBJECT:	GA <sup>*</sup>	TOR HAMPTON PARTS	SERS, LLLP		
oom,	_	ne of Florida Limited Part	tnership or Limit	ed Liability	Limited Partnership
The enclose	d Certific	rate of Amendment ar	nd fee(s) are st	ıbmitted	for filing.
Please retur	n all corre	espondence concernin	g this matter t	o:	
	G	ARFIELD DACAS			
		Contact Person		<del></del>	
GAT	FOR HAM	PTON PARTNERS, LLL	p		
		Firm/Company			
7	7850 NW I	46TH STREET, 4TH FLO	OOR		
		Address			
MIZ	AMI LAKE	S, FLORIDA, 33016			
	C	ity. State and Zip Code			
	GDA	CAS@GATORINV.COM			
E-mail a	ddress: (to	be used for future annual	report notificatio	n)	
For further i	informati	on concerning this ma	itter, please ca	II:	
GA	ARFIELD E	DACAS	at ( 305	949 9	0049
Nam	e of Contac	et Person	_ \	e and Dayt	ime Telephone Number
Enclosed is	a check f	or the following amou	unt:		
□ \$52.50 Fili	ng Fee	☐S61.25 Filing Fee and Certificate of Status	□\$105.00 Fil and Certified	_	☐\$113.75 Filing Fee, Certified Copy, and Certificate of Status
STREET A	DDRES	S:	MA	ILING A	ADDRESS:
Registration				Registration Section	
Division of		ions		Division of Corporations	
Clifton Buil				). Box 63	
2661 Execu			Tall	ahassee.	FL 32314
Tallahassee.	, FL 323	01			

## CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF



GATOR HAMPTON PARTNERS	LELP
Insert name currently on fi	ile with Florida Department of State
limited liability limited partnership, whose certif JUNE 24, 2004 assigned Flo	Florida Statutes, this Florida limited partnership or ficate was filed with the Florida Department of State on orida document number
adopts the following certificate of amendment to	its certificate of limited partnership.
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the here:	limited partnership or limited liability limited partnership
	N/A
New name must be distinguis	shable and contain an acceptable suffix.
Acceptable Limited Partnership suffixes: Limited Partners Acceptable Limited Liability Limited Partnership suffixes:	ship, Limited, L.P., LP, or Ltd. Limited Liability Limited Partnership, I. L.L.P. or LLLP.
B. If amending mailing address and/or princ principal office address here:	ipal office address, enter new mailing address and/or
New Principal Office Address:	7850 NW 146TH STREET, 4TH FLOOR
(Must be STREET address)	MIAMI LAKES, FLORIDA, 33016
New Mailing Address: (May be post office box)	SAME AS PRINCIPAL ADDRESS
C. If amending the registered agent and/or registered agent and/or the new registered off	stered office address on our records, <u>enter the name of the fice address here</u> :
Name of New Registered Agent:	
New Registered Office Address:	N/A Enter Florida street address
	, Florida
	City Zip Code

# FILED 18 SEP-6 AM 12: 1= SECRETARY OF STAFF TALLAHASSEE, FLORIDA

### 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, Signa	ture 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>	Name	Address	Type of Action
			□ Add □ Remove
			□ Add □ Remove
			☐ Add ☐ Remove
<del></del>			□ 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 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)

	SE SE
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	SG 3
Effective date, if other than the date of filing:	fter the date this document is filed by the Florida Department of
State.) Note: If the date inserted in this block does not meet the a	<u> </u>
be listed as the document's effective date on the Departme	ent of State's records.
S' A(a) of a gamenal point on ou all gamen	al mantrages # :
Signature(s) of a general partner or all genera	
	sign this document unless the limited partnership is adding or statement. Chapter 620, F.S., requires all general partners to sign pership" election statement.)
GATOR HAMPTON PARTNERS, LLLP	
GATOR HAMPTON PARTNERS, LLLP	
$\checkmark$	
JAMES A GALDSMITH	
Cinnest and a fall many and immediating gameral	Lagrange (fame)
Signature(s) of all new or dissociating general	i partner(s), ir any.
Filing Fee: \$52.50 Certified Copy (optional): \$52.50	