A0400001627

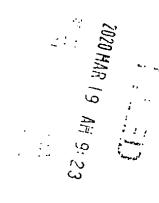
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer





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03/09/20--01001--008 **52.50



O SIMMONS

MAR 2 0 2020

March 9, 2020

CAPITAL CONNECTION, INC.

SUBJECT: UNIVERSITY VENTURE, LTD.

Ref. Number: A04000001627

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

The document must be signed by the partner dissociating himself or itself from the partnership.

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) 245-6050.

Yasemin Y Sulker Regulatory Specialist III

Letter Number: 020A00005107

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

UNIVEERSITY VEN	NTURE LTD			
·				
				Art of Inc. File
				LTD Partnership File
				Foreign Corp. File
				L.C. File
				Fictitious Name File
				Trade/Service Mark
				Merger File
				Art. of Amend. File
			=	RA Resignation
				Dissolution / Withdrawal
				Annual Report / Reinstatement
				Cert. Copy
				Photo Copy
				Certificate of Good Standing
				Certificate of Status
				Certificate of Fictitious Name
				Corp Record Search
				Officer Search
				Fictitious Search
Signature				Fictitious Owner Search
Signature				Vehicle Search
				Driving Record
Requested by: SETH	02/10/20			UCC 1 or 3 File
	$\frac{03/19/20}{2}$	Time		UCC 11 Search
Name	Date	Time		UCC Retrieval
Walk-In	Will Pick Up			Courier

COVER LETTER

TO: Registration Solution of Co	orporations			
SUBJECT: UNIVERS	ITY VENTURE, LTD.			
Nam	ne of Florida Limited Partn	ership or Limited	Liability	Limited Partnership
The enclosed Certific	ate of Amendment and	i fee(s) are sub	mitted fo	or filing.
Please return all corre	spondence concerning	this matter to	:	
HAROLD L. LEWIS, ES	Q.			
	Contact Person			
PATHMAN LEWIS, LLI	Ρ		<u></u>	
	Firm/Company	-		
2 SOUTH BISCAYNE B	LVD., SUITE 2400		_	
	Address			
MIAMI, FL 33131				
C	ity, State and Zip Code			
hlewis@pathmanlewis.c				
E-mail address: (to	be used for future annual re	eport notification)	
For further information	on concerning this ma	tter, please cal	l:	
Lori A. Verga		at (305	379-2	425
Name of Contac	at Person	Area Code	and Dayti	me Telephone Number
Enclosed is a check f	or the following amou	int:		
☐ \$52.50 Filing Fee	☐\$61.25 Filing Fee and Certificate of Status	□\$105.00 Fili and Certified C		☐\$113.75 Filing Fee, Certified Copy, and Certificate of Status
Mailing Address: Registration Section Division of Corporat P.O. Box 6327 Tallahassee, FL 323		Regi Divi The 2415	Centre of N. Mon	

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

UNIVERSITY VENTURE, LTD.			
Insert name currently on fil	e with Florida Depar	tment of State	
Pursuant to the provisions of section 620.1202, Fl limited liability limited partnership, whose certific 10/15/2004, assigned Floadopts the following certificate of amendment to	cate was filed wit rida document nu	h the Florida Department of State or mber A04000001627	ì .,
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the l	imited partnership	or limited liability limited partnersh	<u>iip</u>
New name must be distinguish	nable and contain an	acceptable suffix.	-
Acceptable Limited Partnership suffixes: Limited Partnersh Acceptable Limited Liability Limited Partnership suffixes: .	hip, Limited, L.P., LI Limited Liability Lin	P, or Ltd. ited Partnership, L.L.L.P. or LLLP.	
B. If amending mailing address and/or principal office address here:	pal office addres	s, enter new mailing address and/o	<u>or</u>
New Principal Office Address: (Must be STREET address)		20 HAP 1	٠.
New Mailing Address: (May be post office box)		9 A	، ، پر او
		9:23	بخي
C. If amending the registered agent and/or register registered agent and/or the new registered office ad	red office address of Idress here:	on our records, <u>enter the name of the n</u>	ew
Name of New Registered Agent:			
New Registered Office Address:	Enter Fl	orida street address	
		, Florida	
	City	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.

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>	Name	<u>Address</u>	Type of Action
GP	Tampa Properties Partnership		_ □ Add □ Remove
<u>GP</u>	The Allen Morris Company Holdings, LLC	121 Alhambra Circle Suite 1600 Coral Gables, FL 33134	Add 220 PA
			_ □ Add
			Add 9 Remove3
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \

- 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.)

Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of Italia. Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not a listed as the document's effective date on the Department of State's records. Signature(s) of a general partner or all general partners*: *NOTE: Only one current general partner is required to sign this document unless the limited partnership is adding or emoving a "limited liability limited partnership" election statement. Chapter 620, F.S., requires all general partners to sign when adding or removing a "limited liability limited partnership" election statement.) Yazmyta (sil. as Manager of The Allen Morris Company Holdings, LLC Signature(s) of all new or dissociating general partner(s), if any: Yazmyta (sil. as Treasurer of The Allen Morris Company, the general partner of Tampa Properties Partnership Filling Fee: S52.50 Certified Copy (optional): S52.50		
Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of Italia. Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not a listed as the document's effective date on the Department of State's records. Signature(s) of a general partner or all general partners*: *NOTE: Only one current general partner is required to sign this document unless the limited partnership is adding or emoving a "limited liability limited partnership" election statement. Chapter 620, F.S., requires all general partners to sign when adding or removing a "limited liability limited partnership" election statement.) Yazmyta (sil. as Manager of The Allen Morris Company Holdings, LLC Signature(s) of all new or dissociating general partner(s), if any: Yazmyta (sil. as Treasurer of The Allen Morris Company, the general partner of Tampa Properties Partnership Filling Fee: S52.50 Certified Copy (optional): S52.50		
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Filing Fee: \$52.50 Certified Copy (optional): \$52.50		
Certified Copy (optional): \$52,50	DW B	
Certificate of Status (optional): \$8.75	Certified Copy (optional): \$52,50	