A04000002004

(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:

Office Use Only

400281964974

02/12/16--01007--026 **52.50

FILED
16 FEB 23 PM 3:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 03 2016
J. HARRIS

**COVER LETTER**

**TO:** Registration Section
Division of Corporations

**SUBJECT:** Las Olas Hedge, LP
Name of Florida Limited Partnership or Limited Liability Limited Partnership

The enclosed Certificate of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Shelley Marciano
Contact Person

WLD Enterprises, Inc.
Firm/Company

401 East Las Olas Boulevard, Suite 2200
Address

Fort Lauderdale, FL 33301
City, State and Zip Code

clong@wldent.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shelley Marciano at ( 954 ) 523-7771
Name of Contact Person — Area Code and 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 Fee and Certified Copy ☐ $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

**MAILING ADDRESS:**
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 15, 2016

2016 FEB 29 PM 4:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SHELLEY MARCIANO
401 EAST LAS OLAS BOULEVARD, SUITE 2200
FORT LAUDERDALE, FL 33301

SUBJECT: LAS OLAS HEDGE LIMITED PARTNERSHIP
Ref. Number: A04000002004

We have received your document for LAS OLAS HEDGE LIMITED PARTNERSHIP 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 dissociating general partner unless the document states the general partner is deceased or a guardian or general conservator has been appointed or the general partner previously filed a Statement of Dissociation with the Florida Department of State.

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.

Jenna D Harris
Regulatory Specialist II

Letter Number: 016A00003136

* 2/22/2015

additional signature as requested on page 3.

Thank you!

FILED
16 FEB 29 PM 3:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Las Olas Hedge, LP

Insert name currently on file with Florida Department of State

Pursuant to the provisions of section 620.1202, Florida Statutes, this Florida limited partnership or limited liability limited partnership, whose certificate was filed with the Florida Department of State on 12/16/2004, assigned Florida document number A04000002004, 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 limited partnership or limited liability limited partnership here:**

Las Olas Equity Partners, LP

New name must be distinguishable and contain an acceptable suffix.

*Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.*
*Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.*

**B. If amending mailing address and/or principal office address, enter new mailing address and/or principal office address here:**

New Principal Office Address:
*(Must be STREET address)*

401 East Las Olas Boulevard
Suite 2200
Fort Lauderdale, FL 33301

New Mailing Address:
*(May be post office box)*

**C. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent: Robert J. Puck

New Registered Office Address: 401 East Las Olas Boulevard, Suite 2200
*Enter Florida street address*

Fort Lauderdale, Florida 33301
*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:**

| Title | Name | Address | Type of Action |
|---|---|---|---|
| | Las Olas Hedge, LLC<br>L14000085466 | 401 East Las Olas Blvd.<br>Suite 2220<br>Fort Lauderdale, FL 33301 | ☐ Add<br>☑ Remove |
| | Fourth Generation Manager, LLC | 401 East Las Olas Blvd.<br>Suite 2200<br>Fort Lauderdale, FL 33301 | ☑ Add<br>☐ Remove |
| | | | ☐ Add<br>☐ Remove |
| | | | ☐ Add<br>☐ Remove |
| | | | ☐ Add<br>☐ Remove |
| | | | ☐ Add<br>☐ Remove |

FILED
FEB 29 PM 3:25

**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.)*

**F. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

Effective date, if other than the date of filing: _____.
*(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)*

**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 removing 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.)

_____, President of the GP, fourth Generation manager, LLC.

**Signature(s) of all new or dissociating general partner(s), if any:**

_____, President of the manager, South ocean Capital Partners, LLC

| | |
|---|---|
| **Filing Fee:** | **$52.50** |
| **Certified Copy (optional):** | **$52.50** |
| **Certificate of Status (optional):** | **$8.75** |

FILED
15 FEB 29 PM 3:26
SECRETARY OF STATE
TALLAHASSEE FLORIDA