A04000002091

| (Re | equestor's Name) | |
|-------------------------|--------------------|-------------|
| (Ac | idress) | |
| (Ac | ldress) | |
| (Ci | ty/State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | ısiness Entity Nar | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |
| | | |

Office Use Only



200213357142

10/20/11--01004--017 **\$2.50

11 OCT 21 MIII: 50
SECRETARY OF STATE
AND ANASSEE FLORID

COVER LETTER

| Divisio | n of Compandions | 1 (S) (A) (F) | |
|-----------------------------------|---|--|--|
| SUBJECT: | Pelican Center Li | mited Partnershi | lp |
| | Name of Florida Limited Pa | rtnership or Limited Liability | y Limited Partnership |
| The enclosed C | Certificate of Amendment a | and fee(s) are submitted | for filing. |
| Please return al | I correspondence concerni | ng this matter to: | |
| N | athan Ohren | | |
| | Contact Person | | |
| P | elican Center Limi | ted Partnership | |
| | Firm/Company | | |
| 2 | 117 NW 19th Way | | |
| | Address | · · · · · · · · · · · · · · · · · · · | |
| В | oca Raton, FL. 334 | 31 | |
| | City, State and Zip Code | | |
| and the second of the n | athan.ohren@gmail. | com | |
| E-mail addre | ess: (to be used for future annual | report notification) | |
| • | . ' | | |
| For further info | ormation concerning this m | atter, please call: | |
| N | athan Ohren | at (561) 28 | 39-8394 |
| Name of | Contact Person | Area Code and Dayt | ime Telephone Number |
| Enclosed is a cl | heck for the following amo | ount: | |
| \$52.50 Filing I | Fee S61.25 Filing Fee and Certificate of Status | \$105.00 Filing Fee and Certified Copy | \$113.75 Filing Fee, Certified Copy, and Certificate of Status |
| STREET ADD | RESS: | MAILING A | ADDRESS: |
| Registration Se | | Registration S | |
| Division of Cor | • | Division of C | • |
| Clifton Buildin 2661 Executive | | P. O. Box 632 Tallahassee, I | - ''• |
| Tallahassee, FL | | : 1 anana 5500, 1 | LL 32314 |

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF 11 OCT 21 AH 11:58

Pelican Center Limited PartnershisECRETARY OF STATE
Insert name currently on file with Florida Department of the AMASSEE, FLORIDA

| Insert name currently on file | with Florida Department SPSUSHASSEE, FLORIDA |
|---|--|
| 12/29/2004, assigned Flor | ate was filed with the Florida Department of State on ida document number <u>A0400002097</u> , |
| adopts the following certificate of amendment to it | ts certificate of limited partnership. |
| This amendment is submitted to amend the following: | |
| A. If amending name, <u>enter the new name of the linhere</u> : | mited partnership or limited liability limited partnership |
| New name must be distinguisha | able and contain an acceptable suffix. |
| Acceptable Limited Partnership suffixes: Limited Partnershi Acceptable Limited Liability Limited Partnership suffixes: L | |
| B. If amending mailing address and/or princip <u>principal office address here</u> : | al office address, <u>enter new mailing address and/or</u> |
| New Principal Office Address: | |
| (Must be STREET address) | |
| New Mailing Address: | |
| (May be post office box) | |
| • | * |
| C. If amending the registered agent and/or register new registered agent and/or the new registered office | red office address on our records, <u>enter the name of the</u> address here: |
| Name of New Registered Agent: | |
| New Registered Office Address: | 7 |
| | Enter Florida street address |
| | , 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.

| <u>tle</u> | <u>Name</u> | | Address | Type of Action |
|------------|------------------------|---------------------------------------|------------------------------------|----------------------------|
| L.P. | Ohr <u>en Family</u> H | olding s | LLLP 2117 NW 19t | h Way Add FL. 33 Remove |
| L.P. | Jul <u>ius Ohren T</u> | rust | 4295 Bocaire B1 Boca Raton, FL. | |
| L.P. | Zahid Ramlawi | Trust | 7751 SW 78th Co | <u></u> Add |
| | | | | AddRemove |
| <u>-</u> - | - | · · · · · · · · · · · · · · · · · · · | | Add Remove |
| | | | | AddRemove |

(NOTE: If adding or removing" limited liability limited partnership" status, all general partners must sign this amendment.)

This Limited Partnership hereby removes its "Limited Liability Limited Partnership" status.

| F. If amending any other infor | mation, enter chang | e(s) nere: (Anach di | uamonai sneeis, ij necessary.) |
|---|--------------------------|-------------------------|-----------------------------------|
| | | | - |
| | | | |
| | | | |
| | | | |
| , | | | |
| fective date, if other than the date | e of filing: | | |
| ffective date cannot be prior to nor morate.) | e than 90 days after the | e date this document is | filed by the Florida Department o |
| | | | |
| gnature(s) of a general partner | or all general par | tners*: | |
| NOTE: Only one current general partner moving a "limited liability limited partner adding or removing a "limited liability limited liability limited liability and liability limited liability liabi | ership" election statem | ent. Chapter 620, F.S. | |
| HREN FAMILY HOLDINGS, LLLP by: OHREN INVESTMENTS, LLC, General Po | | , | |
| ZOG L.L.C. by Nathan | Obron manac | | |
| Nethen Ohren, Manacing Member | Onren, manag | | |
| | | | |
| | | | |
| | | | |
| gnature(s) of all-new or dissocia | ating general part | ner(s), if any: | |
| By: OHREN INVESTMENTS, LLC, General | Purtner | | |
| 1 Allen | _ | | 3 S |
| Nethan Ohren Maringing Mamble | ست ب | | CRECRE |
| 1 ZANIN A. RAMLANI FANS | TRUSTRY | | ASE N |
| Luleux Ohren | TAUSTER | | SEE 21 LE |
| 71 70 | - | | |
| JULIUS ONAWN TAVS | 57 | | |
| JULIUS ONREN TRUS | | | <u> </u> |
| | | | |
| lling Fee: | \$52.50 \$52.50 | | |