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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

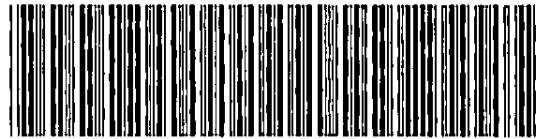
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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STATE OF TEXAS
CLERK OF COURTS
JULIA GARCIA

NOV 05 2020

S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Cow Bone Slough LLLP
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:

Linda Cannarsa
Contact Person
Collier Enterprises
Firm/Company
2550 Goodlette Rd. N. #100
Address
Naples, FL 34103
City, State and Zip Code
lcannarsa@collierenterprises.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Linda Cannarsa at (239) 434-4060
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|--|---|
| <input checked="" type="checkbox"/> \$52.50 Filing Fee | <input type="checkbox"/> \$61.25 Filing Fee
and Certificate of
Status | <input type="checkbox"/> \$105.00 Filing Fee
and Certified Copy | <input type="checkbox"/> \$113.75 Filing Fee,
Certified Copy, and
Certificate of Status |
|--|---|--|---|

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

Cow Bone Slough, LLLP

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 4/11/2005, assigned Florida document number A05000000705, 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:

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:

<u>New Principal Office Address:</u> (Must be STREET address)	<u>2550 Goodlette Rd. N. #100</u> <u>Naples, FL 34103</u>
<u>New Mailing Address:</u> (May be post office box)	<u>2550 Goodlette Rd. N. #100</u> <u>Naples, FL 34103</u>

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:

<u>Name of New Registered Agent:</u>	<u>Robert D. Corina</u>
<u>New Registered Office Address:</u>	<u>2550 Goodlette Rd. N. #100</u> <i>Enter Florida street address</i>
	<u>Naples</u> , Florida <u>34103</u>
	<i>City Zip Code</i>

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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.

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
	Collier Enterprises, Inc.	2550 Goodlette Rd. N. #100 Naples, FL 34103	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
	MCC Management of Naples, Inc.	9045 Strada Stell Ct, Suite 500 Naples, FL 34109	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
	BGC II Management of Naples, Inc.	9045 Strada Stell Ct, Suite 500 Naples, FL 34109	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

☐ This Limited Partnership hereby elects to be a “Limited Liability Limited Partnership.”

☐ This Limited Partnership hereby removes its “Limited Liability Limited Partnership” status.

Page 2 of 3

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

Effective date, if other than the date of filing: Date Filed by Florida Dept of State

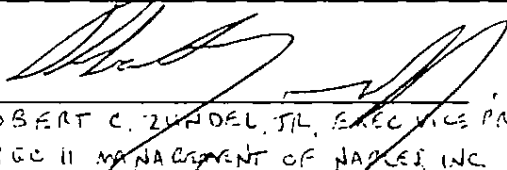
(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

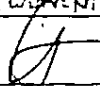
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

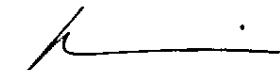
Signature(s) of a general partner or all general partners*:

(*NOTE: Only one current general partner is required to sign this document unless the limited partnership is adding or 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.)

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


ROBERT C. ZINDEL, JR., EXECUTIVE PRESIDENT
BCC II MANAGEMENT OF NAPLES, INC.


ROBERT A. WALTON, PRESIDENT
MCC MANAGEMENT OF NAPLES, INC.


ROBERT D. CORINA, PRESIDENT
COLLIER ENTERPRISES, INC.

Filing Fee: \$52.50
Certified Copy (optional): \$52.50
Certificate of Status (optional): \$8.75