

A05 0000001679

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

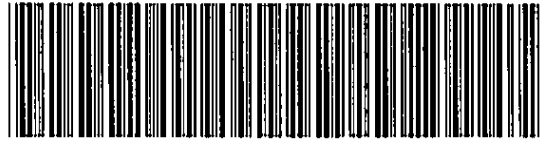
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECTION 6, STATE  
TALLAHASSEE, FL

2022 DEC -1 PM 5:23

FILED

2/23/2023

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** REAL PROPERTY ONE, LTD.

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:

BASSAM MOURAD

Contact Person

REAL PROPERTY ONE, LTD.

Firm/Company

P.O. BOX 226197

Address

MIAMI, FL 33131-3791

City, State and Zip Code

SAM@MOURAD1.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BASSAM MOURAD

at (305) 785-5858

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

**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**

**FILED**

2022 DEC -1 PM 5: 23

REAL PROPERTY ONE, LTD.

Insert name currently on file with Florida Department of State

STATE  
TALLAHASSEE, FL

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 08/31/2005, assigned Florida document number A05000001679, 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:**

New Principal Office Address:  
(Must be STREET address)

19111 COLLINS AVE

UNIT 704

SUNNY ISLES BEACH, FL 33160

New Mailing Address:  
(May be post office box)

P.O. BOX 226197

MIAMI, FL 33131-3791

**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:

New Registered Office Address:

19111 COLLINS AVE, UNIT 704

*Enter Florida street address*

SUNNY ISLES BEACH, Florida 33160

*City*

*Zip Code*

*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:**

**E. If the limited partnership or limited liability limited partnership is amending its "limited liability limited partnership" status, enter change here:**

- (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.)*

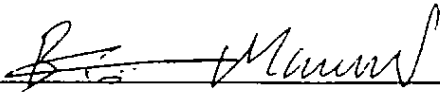
Effective date, if other than the date of filing: \_\_\_\_\_

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

**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.)



BASSAM MOURAD

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

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