

A05000002097

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

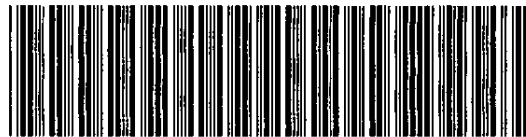
Certified Copies



Certificates of Status

Special Instructions to Filing Officer:

Office Use Only



000236216420

000236216420  
06/15/12--01030--009 \*\*105.00

FILED  
2012 JUN 19 PM 2:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. SAULSBERRY  
EXAMINER

JUN 20 2012

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Cabi SMA Tower I, 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:

Cara-Jenna Kronengold, Esq.  
Contact Person  
Cara-Jenna Kronengold, P.A.  
Firm/Company  
19950 W. Country Club Drive, Suite 900  
Address  
Aventura, FL 33180  
City, State and Zip Code  
ckronengold@cabicorp.com  
E-mail address: (to be used for future annual report notification)

FILED  
2012 JUN 19 PM 2:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Cara-Jenna Kronengold, Esq. at ( 305 ) 466-1810  
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

APPROVED  
CJKA

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

**Cabi SMA Tower I, 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 11/17/2005, assigned Florida document number A05000002097, 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:**

N/A

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)

N/A

New Mailing Address:  
(May be post office box)

N/A

2012 JUN 19 PM 2:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**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:

N/A

New Registered Office Address:

N/A

*Enter Florida street address*

\_\_\_\_\_, Florida \_\_\_\_\_

City

Zip Code

APPROVED  
CJKA

**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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
GP	* <del>TECA Group Investments</del> GP, LLC	19950 W. Country Club Dr. Suite 900 Aventura, FL 33180	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
GP	Cabi SMA GP, LLC	19950 W. Country Club Dr. Suite 900 Aventura, FL 33180	<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
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

\* TECA Group Investments GP, LLC, a Florida LLC

**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.)**

APPROVED  
CJ/KPA

L11000048132

2012 JUN 19 PM 2:32  
TALLAHASSEE  
SECRETARY OF STATE  
FLORIDA

FILED

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

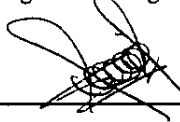
N/A

Effective date, if other than the date of filing: May 29, 2012

(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.)



Elias Amkie Levy,

Manager of

Cabi SMA GP, LLC

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



Elias Amkie Levy,

Manager of

TECA Group Investments GP, LLC

FILED  
2012 JUN 19 PM 2:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Filing Fee: \$52.50

Certified Copy (optional): \$52.50

Certificate of Status (optional): \$8.75

APPROVED  
SMPA