# A06349

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### COVER LETTER

Division of Corporations
SUBJECT: Harbor Bridge Industrial Park, Almiked Name of Florida Limited Partnership or Limited Liability Limited Partnership  Parkester
The enclosed Certificate of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
Catherine Sanders
Contact Person
1203 W Marior Av.
Punta City, State and Zip Code  City, State and Zip Code  On May (2) Flyostary on I to . Con
City, State and Zip Code  Cathy Floor Floor Starrealty, (on  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
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 and Certified Copy and Status \$105.00 Filing Fee Certified Copy, and Certificate of Status
STREET ADDRESS: MAILING ADDRESS:
Registration Section Registration Section
Division of Corporations  Clifton Building  Division of Corporations  P. O. Box 6327
2661 Executive Center Circle Tallahassee, FL 32314
Tallahassee, FL 32301



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

March 7; 2016

CATHERINE SANDERS 1203 W MARION AVE PUNTA GORDA, FL 33950

SUBJECT: HARBOR BRIDGE INDUSTRIAL PARK, A LIMITED PARTNERSHIP

Ref. Number: A06349

We have received your document for HARBOR BRIDGE INDUSTRIAL PARK, A LIMITED PARTNERSHIP and your check(s) totaling \$210.00. 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: 316A00004635

## CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

Harbor Bridge I Insert name Currently or	ndustrial	Park,	Alimi	kD.
Insert name Gurrently or	n file with Florida Depa	rtment of State	partne	rship
Pursuant to the provisions of section 620.1202 limited liability limited partnership, whose cert $\frac{7-24-18}{}$ , assigned I	tificate was filed wi Florida document ni	th the Florida I umber	Department of S	tate on
adopts the following certificate of amendment	to its certificate of l	imited partners	hip.	
This amendment is submitted to amend the following	g:			
A. If amending name, enter the new name of the here:	e limited partnershi	p or limited liab	pility limited par	<u>tnership</u>
New name must be distingt	uishable and contain an	acceptable suffix.		
Acceptable Limited Partnership suffixes: Limited Partne Acceptable Limited Liability Limited Partnership suffixe			L.L.L.P. or LLLP.	
B. If amending mailing address and/or principal office address here:	ncipal office addre	ss, <u>enter new n</u>	nailing address	and/or
New Principal Office Address:			· ·	
(Must be STREET address)				
New Mailing Address: (May be post office box)			APR 2	TOTAL PARTY
(was os poor office cons				Estate Control of the
C. If amending the registered agent and/or reg new registered agent and/or the new registered o		s on our record	ls, enter the nam	ne of the
Name of New Registered Agent:				
New Registered Office Address:			·	
	Enter Flo	orida street addre	ess	
		, Flo <del>r</del> ida	Zin 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 General Parther	Name Benzamin	21583 Edgwaln Dr SE D+ Charlish Dd	Type of Action
Partner_	Benjamin Greenberg	5 & P+ Charlish 121 33.952	Add
			Add Remove
			Add Remove
			Add Remove
<del></del>			Add Remove
			Add 25 Remove PH 4:
E. If the limited p limited partnership	artnership or limited liability o" status, enter change here:	limited partnership is amendi	ng its dimited liability
This Limited	Partnership hereby elects to be a	a "Limited Liability Limited Part	nership."
☐ This Limited	Partnership hereby removes its	"Limited Liability Limited Partn	ership" status.
(NOTE: If adding or r	emoving" limited liability limited par	rtnership" status, all general partners	must sign this amendment.)

F. If amending any other information, enter char	nge(s) here: (Attach additional sheets, if necessary.)
<u> </u>	
Effective date, if other than the date of filing: (Effective date cannot be prior to nor more than 90 days after State.)	the date this document is filed by the Florida Department of
Signature(s) of a gameral partner or all general per	ortnoro**
Signature(s) of a general partner or all general partner	armers".
(*NOTE: Only one current general partner is required to sign removing a "limited liability limited partnership" election state when adding or removing a "limited liability limited partnership".	ement. Chapter 620, F.S., requires all general partners to sign
Cathard Man.	
Signature(s) of all new or dissociating general par	rtner(s), if any:
Ben Geenherg	
Carol Brawnell	, PDA
	ARE R
Filing Fee: \$52.50 Certified Copy (optional): \$52.50 Certificate of Status (optional): \$8.75	