

AO7000001060

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

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APR 9 2018
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BSRT Holdings, 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:

Robert M. Kramer

Contact Person

Kramer Green, et al

Firm/Company

4000 Hollywood Blvd., Suite 485S

Address

Hollywood, FL 33021

City, State and Zip Code

rkramer@kramergreen.com

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

For further information concerning this matter, please call:

Robert M. Kramer

at (954) 966.2112

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 \$105.00 Filing Fee
Status \$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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 28, 2018

ROBERT M KRAMER
KRAMER GREEN, ET AL
4000 HOLLYWOOD BLVD, SUITE 485S
HOLLYWOOD, FL 33021

SUBJECT: BSRT HOLDINGS, LLLP
Ref. Number: A07000001060

We have received your document for BSRT HOLDINGS, LLLP and your check(s) totaling \$52.50. 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: 818A00006220

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2018 APR - 9 PM 12:12

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

MAIL
SPECIAL AGENT IN CHARGE
FLORIDA DEPARTMENT OF STATE
2018 APR - 9 PM 4:18

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

BSRT Holdings, 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 September 6, 2007, assigned Florida document number A07000001060, 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> <i>(Must be STREET address)</i>	60 Riverside Blvd. Apt. 403 New York, NY 10069
<u>New Mailing Address:</u> <i>(May be post office box)</i>	60 Riverside Blvd. Apt. 403 New York, NY 10069

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>New Registered Office Address:</u>	<i>Enter Florida street address</i>		
	City	Florida	Zip Code

SUB REGISTRY, STATE
TALLAHASSEE, FLORIDA

2010 APR -9 PM 4:12

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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	Bruce R. Wilk	Deceased	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
GP	Sherry Wilk	60 Riverside Blvd. Apt. 403 New York, NY 10069	<input checked="" 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

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.)

2011 APR - 9 PM : 13
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STATE OF NEW YORK
APR 10 2011
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CLERK OF THE
STATE OF NEW YORK
APR 10 2011
SARAH M. KELLY

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.)

sw

✓ Sherry Wilk, as Personal Representative of the
Estate of Bruce Wilk

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

sw ✓ Sherry Wilk

sw ✓ Sherry Wilk, as Personal Representative of the
Estate of Bruce Wilk

Bruce R Wilk

Dec. deceased

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