A08000000755

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COVER LETTER

TO: Registration Division of	Section Corporations		,
SUBJECT: Cobbles	•		
		artnership or Limited Liabili	ity I imited Poetnambia
		and fec(s) are submitted	
Please return all cor	respondence concerni	ing this matter to:	
Daniel Halberstein			
	Contact Person		
Cobblestone Center Ltd			
	Firm/Company		
18205 Biscayne Blvd., S	Suite 2202		
	Address	 _	
Aventura, FL 33160			
	City, State and Zip Code		
dhalberstein@triarchea	p.com		
E-mail address: (to	be used for future annual	report notification)	
For further informati			
	on concerning this ma	atter, please call:	
Daniel Halberstein		at () 305-7	7-933-1060
Name of Contact	ct Person		ime Telephone Number
Enclosed is a check t	for the following amo		
□ \$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 Corporati P.O. Box 6327 'allahassee, FL 3231		Street Addre Registration S Division of C The Centre of 2415 N. Mon Tallahassec, F	Section Corporations f Tallahassee roe Street, Suite 810

FILED

Zip Code

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERS AND MAR 23 PM 12 20 OF

T 1 - 1 1138FF, F1 1 11
file with Florida Department of State
Florida Statutes, this Florida limited partnership or licate was filed with the Florida Department of State on orida document number A08000000755 or its certificate of limited partnership.
· •
limited partnership or limited liability limited partnership
hable and contain an acceptable suffix.
hip, Limited, L.P., LP, or Ltd. Limited Liability Limited Partnership, L.L.L.P. or LLLP.
pal office address, enter new mailing address and/or
ed office address on our records, enter the name of the new dress here:
Enter Florida street address
Elorida

City

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 D.	
If Changing Registered Agent. Signature of New Registered A	rgent

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>	Address	Type of Action
gp	Cobblestone Center Inc.	Suite 2202 Aventura, FL 33160	_ □ Add □ Remove
gp	Cobblestone Center LLC	18205 Biscayne Blvd. Suite 2202 Aventura, FL 33160	_ ■ Add _ □ Remove
			_ □ Add _ □ Remove
			_ □ Add □ Remove
			☐ Add ☐ Remove
			Add 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.)

	on, enter change(s) here: (Attach additional sheets, if necessary.)
500	
Effective date, if other than the date of fill (Effective date cannot be prior to provide the date of fill)	ling:
State.)	ting: 90 days after the date this document is filed by the Florida Department o
be listed as the document's effective date on the fi	eet the applicable statutory filing requirements, this date will not Department of State's records.
Signature(s) of a general partner or all	general partners*:
(*NOTE: Only one current report	uired to sign this document unless the limited partnership is adding or
Moderated	cu partnership election statement.)
1/3 V() /	
ignature(s) of all new or dissociating ge	eneral partner(s), if any:
Porp 1 12 11	
lling Fee: \$52.50	
ertified Copy (optional): \$52.50 \$52.50	