

A08965

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

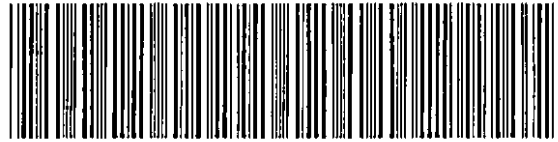
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

Office Use Only



600342834366

RECEIVED

2020 MAR 31 PM 1:42

RECORDS SECTION
TALLAHASSEE, FLORIDA

FILED

2020 MAR 31 AM 8:36

SEC. OF STATE
TALLAHASSEE, FLORIDA

SULKER

APR 1 2020



RESUBMIT

Please give original
submission date as file date.

FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 1, 2020

CSC

SUBJECT: TRANSFLORIDA PLAZA - PLANTATION, LTD.
Ref. Number: A08965

We have received your document for TRANSFLORIDA PLAZA - PLANTATION, LTD. and your check(s) totaling \$113.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The dissociating general partner must sign. As well, you may not file Amended and Restated Articles with an Amendment, as they are two different documents. Please review and correct.

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) 245-6050.

Terri J Schroeder
Regulatory Specialist III

Letter Number: 120A00007063

2020 APR 15 PM 1:02

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 245240 8304132
AUTHORIZATION : 
COST LIMIT : \$ 113.75

ORDER DATE : March 31, 2020
ORDER TIME : 11:40 AM
ORDER NO. : 245240-005
CUSTOMER NO: 8304132

DOMESTIC AMENDMENT FILING

NAME: TRANSFLORIDA PLAZA -
PLANTATION, LTD.

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
 RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
 PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Robinson -- EXT# 62968

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TRANSFLORIDA PLAZA - PLANTATION, 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:

BERNARD F. SILVER, ESQ.

Contact Person

BERNARD F. SILVER LAW OFFICE

Firm/Company

1725 S. HAYSHORE DR.

Address

MIAMI, FL 33133-3305

City, State and Zip Code

BERNIESILVER @ WERTHSILVER.COM

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

For further information concerning this matter, please call:

BERNARD F. SILVER

at (305) 610-0332

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

TRANSFLORIDA PLAZA - PLANTATION, LTD.

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 JUNE 04, 1980, assigned Florida document number A08965, 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)

New Mailing Address:
(May be post office box)

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:

Enter Florida street address

_____, Florida _____
City Zip Code

FILED

2020 MAR 31 AM 8:35

SEC. OF STATE
TALLAHASSEE, FLORIDA

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>
<u>G.P.</u>	<u>D.I.R. PLANTATION, INC.</u>	<u>350 S. WYMORE ROAD</u> <u>ALTAMONTE SPRINGS</u> <u>FL 32714</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u> <u> </u> <u> </u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u> <u> </u> <u> </u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u> <u> </u> <u> </u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u> <u> </u> <u> </u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u> <u> </u> <u> </u>	<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.)

F. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*
THE AMENDED CERTIFICATE OF LIMITED PARTNERSHIP IS ATTACHED ON ADDITIONAL SHEETS.

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.)

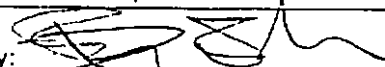
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.)

TRANSFLORIDA PLAZA – PLANTATION, G.P., INC.

a Florida corporation


By: 

Bernard F. Silver, President

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

D.I.R. PLANTATION, INC.

a Florida corporation

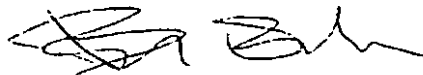
By: 

Bernard F. Silver, Agent

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

AMENDED
CERTIFICATE OF LIMITED PARTNERSHIP
FOR
TRANSFLORIDA PLAZA – PLANTATION, LTD.

1. TRANSFLORIDA PLAZA – PLANTATION, LTD
(Name of Limited Partnership)
2. 1725 S. BAYSHORE DR.
MIAMI, FL 33133-3305
(Street address of designated office)
3. BERNARD F. SILVER, ESQ.
(Name of Registered Agent for Service of Process)
4. 1725 S. BAYSHORE DR.
MIAMI, FL 33133-3305
(Florida street address for Registered Agent)
5. 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.



(Signature of Registered Agent)

6. 1725 S. BAYSHORE DR.

MIAMI, FL 33133-3305

(Florida street address for Registered Agent)

7. Name and business address of each general partner:

Name:

Business Address:

TRANSFLORIDA PLAZA-
PLANTATION, G.P., INC.

1725 S. BAYSHORE DR.
MIAMI, FL 33133-3305

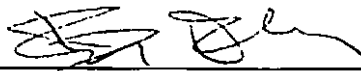
8. Paragraphs (9) through (14) and each of them are deleted in full.

Signed this 14th day of April, 2020.

Signature of each General partner: I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

TRANSFLORIDA PLAZA – PLANTATION G.P., INC.
a Florida corporation

By:



Bernard F. Silver, General Partner