

5 60000 041

Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H150002753943)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : COMITER & SINGER, LIP

Account Number : I2000000085

Fax Number

: (561)626-4742 : (5€1)626-4742

**Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please,

LP/LLLP AMENDMENT/RESTATEMENT/CORRECTION

JSF ART, LLLP

Certificate of Status 0 Certified Copy 0 Page Count 03 Estimated Charge \$52.50

NOV 1 9 2015

Electronic Filing Menu

Corporate Filing Menu

HelbSHIVERS

. .

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

JSF /	ART, LLLP		
Insert name currently on fi	le with Florida Depa	tment of State	
Pursuant to the provisions of section 620.1202, F limited liability limited partnership, whose certifi 07/06/2009, assigned Flo	cate was filed wit	h the Florida Department of State on	
adopts the following certificate of amendment to	its certificate of l	imited partnership.	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the inhere:	imited partnershi	or limited liability limited partnershi	
New name must be distinguish	nable and contain an	acceptable suffix.	
Acceptable Limited Partnership suffixes: Limited Partnersh Acceptable Limited Liability Limited Partnership suffixes:	hip, Limited, L.P., LF Limited Liability Lim	or Ltd. ited Partnership, L.L.L. Proc.LLLP.	
B. If amending mailing address and/or principal office address here:	pal office addres	s, enter new mailing address and/or	
New Principal Office Address:		SS & Piene	
(Must be STREET address)			
New Mailing Address:		7: 3.7 ORIO,	
(May be post office hox)	:		
C. If amending the registered agent and/or registered agent and/or the new registered office		on our records, enter the name of th	
•			
Name of New Registered Agent:			
New Registered Office Address:	Entar Ela	rida street address	
•	Parks, Lifelide 2n eet anales2		
	City	, Florida Zip Code	

Page 1 of 3

New Registered Agent's Signature, if changing Registered Agent:

		If Changing Registered Agent, Signature of New Register				
If amending the general partner(s), enter the name and business address of each general p						
Title	<u>l from our records:</u> <u>Name</u>	<u>Address</u>	Type of Action			
<u> </u>	JSF HOLDINGS, LLC	19501 Biscayne Blvd Suite 400 Aventura, FL 33180				
GP	JSF ART GP, LLC	19501 Biscayne Blvd Suite 400 Aventura, FL 33180	✓ Add Remove			
· 			Add Remove			
 ;	:		Add Remove			
			Add Remove			
	·		AddRemove			

Page 2 of 3

(NOTE: If adding or removing" limited liability limited partnership" status, all general partners must sign this amendment.)

<u> </u>		<u> </u>	
· · · · · · · · · · · · · · · · · · ·			
200 a' ala 20 al al al al al acces			
Effective date, if other than the date of filing: Effective date cannot be prior to nor more than 90 de		late this document is fil	ed by the Florida Department o
tate.)		·	
Signature(s) of a general partner or all ger	neral parti	iers*:	
:		•	
*NOTE: Only one current general partner is require emoving a "limited liability limited partnership" elec-	tion statemer	t. Chapter 620, F.S., re	miled parmership is adding or equites all general partners to sig
when adding or removing a "limited liability limited p	eartnership" e	lection statement.)	
\wedge			
JACQUELY ROSE SOFFER,			Dir.
Manager			75 35
·			
			S 00
		<u></u>	TO A
Signature(s) of all new or dissociating gene	eral partne	r(s). if any:	FIG. 7
JACQUELYN ROSE SOFFER,			
Manager	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	•	
	•		
41		•	
Filing Fee: \$52.50			