

A09482

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

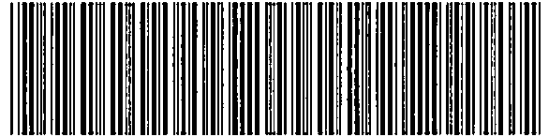
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700422738407

01/29/24-- 01020--005 \*\*52.50

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CLERK OF COURT

*[Handwritten signature]*



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 24, 2024

BEVERLY ANDERSON  
290 NE HIGHWAY 41  
WILLISTON, FL 32696

SUBJECT: CLAY HOTEL PARTNERSHIP, LTD.  
Ref. Number: A09482

We have received your document for CLAY HOTEL PARTNERSHIP, LTD. 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 form you submitted is for a FOREIGN LIMITED PARTNERSHIP, but your entity is a FLORIDA LIMITED PARTNERSHIP. Please complete and return the enclosed blank form(s).

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.

Tammi Cline  
Regulatory Specialist II Supervisor

Letter Number: 624A00004086

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Clay Hotel Partnership 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:

Beverly Anderson  
Contact Person  
Solera Asset Management Inc.  
Firm/Company  
290 NE Highway 41  
Address  
Williston, FL 32696  
City, State and Zip Code  
beverly32696@gmail.com  
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Bev Anderson at (207) 415-5106  
Name of Contact Person Area Code and Daytime Telephone Number

not Enclosed is a check for the following amount: - already submitted

☒ \$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

Clay Hotel Partnership, 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 11/19/1980, assigned Florida document number A69482, 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:

same name -  
Clay Hotel Partnership Ltd.

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

**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>
General partner	Solea Asset Management Inc.	290 NE Highway 41 Williston, FL 32696	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
Gen'l partner	Escondido Way Corp.	290 NE Highway 41 Williston, FL 32696	<input type="checkbox"/> Add <input checked="" 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

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**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.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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TALLAHASSEE  
FLORIDA

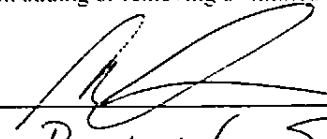
Effective date, if other than the date of filing: \_\_\_\_\_

(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

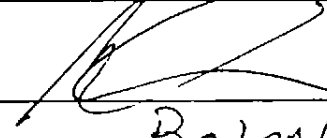
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**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.)

  
Beverly S. Anderson - adding Solera Asset  
management as  
General Partner

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

  
Beverly S. Anderson - deleting Espanola  
WayCoop. as  
General Partner

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

PARTNERSHIP TRANSFER CERTIFICATE  
CLAY HOTEL PARTNERSHIP, LTD.

Espanola Way Corp. to Solera Asset Management, Inc.

Dated December 8, 2023, for Ten and 00/100 Dollars (\$10.00) and other good and valuable consideration, receipt of which is hereby acknowledged, Espanola Way Corp., a Florida corporation, does hereby sell, convey, and transfer its one (1) General Partnership Unit of Clay Hotel Partnership, Ltd., a Florida limited partnership (the "Partnership"), (being all of the General Partnership Units of the Partnership), to Solera Asset Management, Inc., a Florida corporation, free and clear of all liens and encumbrances.

  
Espanola Way Corp.  
By Edward A. Seltzer, as President

  
Solera Asset Management, Inc.  
By Edward A. Seltzer, as President

ACCEPTANCE

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TALLAHASSEE, FL