# A110000000541

(R	Requestor's Name)	
(A	.ddress)	
•	•	
· · · · · · · · · · · · · · · · · · ·		
(A	ddress)	
•		
(C	ity/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(D	Business Entity Name)	
(0	ousiness Lility Name)	
(C	Ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	o Filing Officer:	



800363421478

04/09/21--01086--002 \*+52.50

2021 APR -9 PM 6: 20

Office Use Only

D BRUCE JUN 11 2021

## Greenspoon Marder...

Laurence I. Blair, Partner One Boca Place 2255 Glades Road, Suite 400-E Boca Raton, Florida 33431 Phone: 561,994,2212

Fax: 561.997.8494 Direct Phone: 561.322.2964 Direct Fax: 561.322.2965 Email: larry.blair@gmlaw.com

April 8, 2021

#### Via Federal Express

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Re: L.B. Cornell Lazar Limited Partnership

Dear Gentlemen:

Enclosing please find a cover letter, Certificate of Amendment and our firm's check in the amount of \$52.50. Please make the requested changes at your earliest convenience and return confirmation in the Federal Express envelope provided for your convenience.

Thank you and if you have any questions, please feel free to contact our office.

Sincerely yours,

GREENSPOON MARDER LLP

Laurence I. Blair, Partner

LIB/jkw/Enc.

cc: Mrs. Lauren Lazar (via email w/o enc.) Mrs. Jane Cornell (via email w/o enc.)

	COVE	R LETTER					
TO: Registratio Division of	n Section f Corporations						
SUBJECT: L.B. C	ORNELL LAZAR LIMITE Name of Florida Limited Par	D PARTNERSHIP					
	Name of Florida Limited Par	rtnership or Limited I	Liability	y Limited Partne	ership		
The enclosed Cert	ificate of Amendment a	nd fee(s) are subn	nitted	for filing.			
Please return all co	orrespondence concerni	ng this matter to:					
LAURENCE I. BLAI	R. ESQ.						
	Contact Person		•				
GREENSPOON MA			_				
	Firm/Company						
2255 Glades Road, Si	alte 400E		_			~	
	Address				¥.;	071	
BOCA RATON, FL.	33431				, . [	2021 APR -9	
	City, State and Zip Code		-			9	
larry.blair@gmlaw.c	om				₹/3 24	-0	77
E-mail address:	to be used for future annual	report notification)	-		ALLAHAS VES PL	ඩ ස	- Large Sale
For further inform	ation concerning this m	atter, please call:			<del></del>	42	
LAURENCE I. BLAI	R, ESQ.	at (	994-2	2212 ext. 1701			
Name of Co	itact Person	Area Code ar	nd Dayt	ime Telephone	Number		
Enclosed is a chec	k for the following amo	unt:					
■ \$52.50 Filing Fee	☐S61.25 Filing Fee and Certificate of Status	☐\$105.00 Filing and Certified Cop		□\$113.75 Fi Certified Cop Certificate of	y, and		
Mailing Address: Registration Section Division of Corpo P.O. Box 6327		Divisio	ation on of C	ess: Section Corporations f Tallahassee			

#### CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

L.B. CORNELL	.LAZAR	LIMITED	PA	RTNERS	SHIP
--------------	--------	---------	----	--------	------

Insert name currently on file with Florida Department of State

	•	
Pursuant to the provisions of section 620 limited liability limited partnership, who July 21, 2011, assignments the following certificate of amendations.	se certificate was filed w gned Florida document i	rith the Florida Department of State on number A11000000541
This amendment is submitted to amend the fo	ollowing:	
$ ilde{\mathbf{A}}$ . If amending name, <u>enter the new namere</u> :	e of the limited partnersh	ip or limited liability limited partnership
New name must be	distinguishable and contain a	n acceptable suffix.
Acceptable Limited Partnership suffixes: Limited Acceptable Limited Liability Limited Partnershi		
B. If amending mailing address and/e principal office address here:	or principal office addre	ess, enter new mailing address and/or
New Principal Office Add	ress:	E Ap 19
(Must be STREET address)		<del>2</del> <del>9</del> <del>2</del>
New Mailing Address: (May be post office box)		PH 5: 2:
C. If amending the registered agent and/o registered agent and/or the new registered		on our records, <u>enter the name of the new</u>
Name of New Registered Agent:	LAURENCE I. BLAIR, E	SQ. c/o GREENSPOON MARDER
New Registered Office Address:	2255 Glades Road, Suite - Enter F	lorida street address
	BOCA RATON	, Florida 33431
	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 ,
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>	Name	Address	Type of Action
<u>GP</u>	LISA DANIEL, TRUSTEE	2011 IRREVOCABLE TRUST 36 BELLEFAIR ROAD RYE BROOK, NY 10573	□ Add ■ Remove
			Add Remove Add Remove Add Remove
			Add D. Remove
	<del> </del>		_
			_

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.)

Effective date, if other than the dat (Effective date cannot be prior to nor mor	e of filing:	this document is filed b	by the Florida Danastment of
State.) Note: If the date inserted in this block doe			•
be listed as the document's effective date	on the Department of State's	records.	nts, this date will not
Signature(s) of a general partner	or all general partner	s <u>*:</u>	
(*NOTE: Only one current general partn	er is required to sign this doc	cument unless the limite	ed partnership is adding or
removing a "limited liability limited partn when adding or removing a "limited liabil	ership" election statement. (	Chapter 620, F.S., requir	res all general partners to sign
۸ .		•	
Laven Lozo			
			202
	<del></del>		AP AP
	<del></del>		
Signature(s) of all new or dissocia	ating general partner(s	s), if any:	) P: P: 1
			الله في
			<u> </u>
Filing Fee:	\$52 E0		
Certified Copy (optional):	\$52.50 \$52.50		
Certificate of Status (optional):	\$8.75		