

A120000002915

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

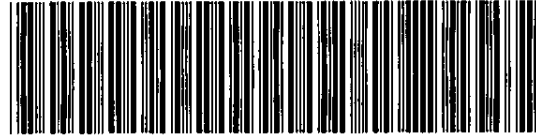
(Business Entity Name)

(Document Number)

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

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**GRAY ROBINSON**  
ATTORNEYS AT LAW

301 EAST PINE STREET  
SUITE 1400  
POST OFFICE BOX 3068 (32802-3068)  
ORLANDO, FLORIDA 32801  
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TALLAHASSEE  
TAMPA

E-MAIL ADDRESS  
[vanessa.reichel@gray-robinson.com](mailto:vanessa.reichel@gray-robinson.com)

October 21, 2016

**VIA HAND DELIVERY**

Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

Re: Certificate of Amendment to Certificate of Limited Partnership  
Document Number A12000000295  
Our File No. 735209-5

Dear Sir/Madam:

Please find enclosed a Certificate of Amendment to Certificate of Limited Partnership for filing. A check in the amount of \$105.00 is enclosed for the filing fee and certified copy fee. Please date-stamp the copy of this cover letter and let me know when the certified copy is ready for pick-up.

Thank you for your assistance in this matter.

Sincerely,



Vanessa Reichel  
Paralegal

Enclosures

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TALLAHASSEE, FLORIDA  
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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** AFRIDI&PIETERSE INVESTMENTS L.P.  
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:

Keith Green

Contact Person

Cambridge Hospitality Management

Firm/Company

4660 Salisbury Road, Suite 100

Address

Jacksonville, Florida 32256

City, State and Zip Code

KEITH.GREEN@CAMBRIDGEHOSPITALITY.COM

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

For further information concerning this matter, please call:

Keith Green

Name of Contact Person

at ( 904 )

562-5999

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

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

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TALLAHASSEE, FLORIDA

CERTIFICATE OF AMENDMENT  
TO  
CERTIFICATE OF LIMITED PARTNERSHIP  
OF

AFRIDI&PIETERSE INVESTMENTS L.P.

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 May 23, 2012, assigned Florida document number A12000000295, 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 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

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**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>
GP	LEONIE PIETERSE DR.	Cambridge Hospitality Managem 4660 Salisbury Road, Suite 100 Jacksonville, Florida 32256	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
GP	OBAID T KHAN AFRIDI DR	Cambridge Hospitality Managem 4660 Salisbury Road, Suite 100 Jacksonville, Florida 32256	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
GP	MUHAMMAD S TAHIR MR	Cambridge Hospitality Managem 4660 Salisbury Road, Suite 100 Jacksonville, Florida 32256	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
GP	NAVAID TAHIR MR.	Cambridge Hospitality Managem 4660 Salisbury Road, Suite 100 Jacksonville, Florida 32256	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
GP	OBAID TAHIR KHAN-AFRIDI PROFESSIONAL CORPORATION	Cambridge Hospitality Managem 4660 Salisbury Road, Suite 100 Jacksonville, Florida 32256	<input checked="" 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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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.)*

**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.)

  
\_\_\_\_\_  
OBAID T KHAN AFRIDI DR.

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TALLAHASSEE, FLORIDA

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

OBAID TAHIR KHAN-AFRIDI PROFESSIONAL CORPORATION

BY   
\_\_\_\_\_  
Obaid Tahir Khan Afridi, President

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