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Account Name : CORPORATION SERVICE COMPANY Account Number : 120000000195

: (850)521-0821 : (850)558-1515 Fax Number

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

Email	Address:	_			

LP/LLLP AMENDMENT/RESTATEMENT/CORRECTION HKCG REALTY ASSOCIATES LIMITED

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B. KOHR

OCT 1 8 2012

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP

HKCG REALTY ASSOCIATES LIMITED (Insert name currently on file with Florida Department of State)

Pursuant to the provisions of section 620,1202. Floimited liability limited partnership, whose certific 10/01/2012, assigned Floradopts the following certificate of amendment to its	ate was filed with the Florida Department of State on ida document number A 1 200000578
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the biniere:	mited partnership or limited ligbility limited partnership
(New name must be distinguisha	ble and contain an acceptable suffix.)
Acceptable Limited Partnership suffixes: Limited Partnershi Acceptable Limited Liability Limited Partnership suffixes: L	p, Limited, L.P., EP, or Ltd. Inited Liability Limited Parinership, L.L.L.P. or LLLP.
B. If amending mailing address and/or princip principal office address here:	al office address, enter new mailing address and/or
New Principal Office Address; (Must be STREET address)	
New Mailing Address: (May be post office box)	
C. If amending the registered agent and/or register new registered agent and/or the new registered office	red office address on our records, enter the name of the address here:
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	(Enter Florida street address)
···	(City), Florida (Zin Code)
	(City) (Zin 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>	Address	Type of Action
GP	Brian Siegel	283 Second Stree Pike Suite 150 Southhampton PA 18966	Add Remove
GP	H. Katz Captial Group, INC.	283 Second Street Pike Suite 15 Southampton PA 18966	O 🖾 Add C Remove
	2006004106		Add Remove
• ú •• ····			☐ Add ☐ Remove
			Add Remove
			☐ Add ☐ 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) her	e: (Attach additional sheets, if necessary.)
	· · · · · · · · · · · · · · · · · · ·
Construe data if other than the data of filling.	
Effective date, if other than the date of filing: (Effective date cannot be prior to nor more than 90 days after the o State.)	date this document is filed by the Florida Department of
il.	V W:
Signature(s) of a general partner or all general partn	
(*NOTE: Only one current general partner is required to sign this removing a "limited liability limited partnership" election statement when adding or removing a "limited liability limited partnership" e	t. Chapter 620, F.S., requires all general partners to sign
H. KATE ERPITAL GROUP, INC.	
BY: But Truel	
	,
	·
Signature(s) of all new or dissociating general partner	er(s), If any: Ols sociative
New	Disaberative
H. KAT'S CAPITAL GROUP, INC.	
BY: Run Sind	Jun Get
	REIAN INGAL
Filing Fee: \$52.50	
Certified Copy (optional): \$52.50 Certificate of Status (optional): \$8.75	