

**A12000000580**

**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.**

(((H13000263361 3)))



H130002633613ABCZ

**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 : CORPORATE CREATIONS INTERNATIONAL INC  
Account Number : 110432003053  
Phone : (561)694-8107  
Fax Number : (561)694-1639

**\*\*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/LLP AMENDMENT/RESTATEMENT/CORRECTION  
ECONO-MALLS LIMITED PARTNERSHIP #16**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$52.50

RECEIVED  
13 DEC -2 AM 8:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED  
2013 DEC -2 AM 8:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2013 DEC -2 AM 8: 03

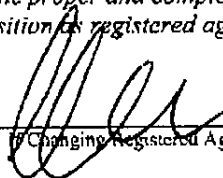
**CERTIFICATE OF AMENDMENT  
TO  
CERTIFICATE OF LIMITED PARTNERSHIP  
OF**

Insert name currently on file with Florida Department of State

**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.*



**Kristine Roy, Special Secretary**

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>
<u>GP</u>	<u>ECONO-MALLS G.P. #16, INC.</u>	<u>10097 CLEARY</u> <u>BOULEVARD #267</u> <u>PLANTATION, FL 33324</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>GP</u>	<u>ECONO-MALLS G.P. #16, INC.</u>	<u>11380 Prosperity Farms</u> <u>Road #221E Palm Beach</u> <u>Gardens, FL 33410</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>      </u>	<u>      </u>	<u>      </u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove
<u>      </u>	<u>      </u>	<u>      </u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove
<u>      </u>	<u>      </u>	<u>      </u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove
<u>      </u>	<u>      </u>	<u>      </u>	<input type="checkbox"/> Add <input type="checkbox"/> 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.)**

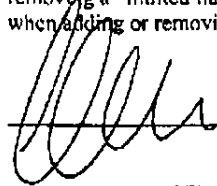
F. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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.)

  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ECONO-MALLS G.P. #16, INC. - General Partner  
By: Kristine Roy, Special Secretary

  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

FILED  
2013 DEC -2 AM 8:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA