

A120000000978

(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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400278102964

400278102964  
11/04/15--01011--020 \*\*27.50

10/19/15--01006--001 \*\*25.00

FILED  
2015 DEC 10 PM 3:30  
CLERK OF STATE  
TALLAHASSEE FLORIDA

DEC 10 2015  
J. HARRIS

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** DOLPHIN PLAZA PW, LP  
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:

DATAN DOROT

Contact Person

DORBEN CORPORATE SERVICES

Firm/Company

2775 SUNNY ISLES BLVD., SUITE 118

Address

NORTH MIAMI BEACH, FL 33160

City, State and Zip Code

info@dorbenlaw.com

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

For further information concerning this matter, please call:

Datan Dorot

Name of Contact Person

at ( 305 )

921-9421

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



# DOROT & BENSIMON PL ATTORNEYS AT LAW

ESTATE PLANNING • INTERNATIONAL & DOMESTIC TAX • ASSET PROTECTION • TAX CONTROVERSY • PROBATE

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AVENTURA OFFICE  
2775 Sunny Isles Blvd., Suite 118  
North Miami Beach, FL 33160  
(T) 305.921.9421  
(F) 305.395.3978

December 1, 2015

Florida Department of State  
Division of Corporations  
Attn: Jenna D. Harris  
P.O. Box 6327  
Tallahassee, Florida 32314

RE: DOLPHIN PLAZA PW, LP  
Ref Number: A12000000978  
Letter Number: 515A00024608

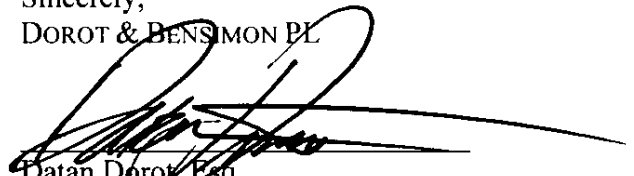
Dear Sir or Madam,

Enclosed please find the revised Certificate of Amendment to Certificate of Limited Partnership for the entity referenced above.

Should you have any questions, please do not hesitate to contact us.

Thank you for your assistance in this matter.

Sincerely,  
DOROT & BENSIMON PL



Datan Dorot, Esq.  
For the Firm

RECEIVED  
15 DEC 10 PM 1:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
2015 DEC 10 PM 3:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 23, 2015

DATAN DOROT  
2775 SUNNY ISLES BLVD, SUITE 118  
NORTH MIAMI BEACH, FL 33160

SUBJECT: DOLPHIN PLAZA PW LP  
Ref. Number: A12000000978

We have received your document for DOLPHIN PLAZA PW LP and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

A general partner must sign the document.

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) 245-6051.

Jenna D Harris  
Regulatory Specialist II

Letter Number: 515A00024608

FILED  
2015 DEC 10 PM 3:30  
STATE DEPT OF STATE  
TALLAHASSEE FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
15 NOV 20 AM 10: 51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

November 4, 2015

DATAN Z DOROT  
2775 SUNNY ISLES BLVD, SUITE 118  
NORTH MIAMI BEACH, FL 33160

SUBJECT: DOLPHIN PLAZA PW LP  
Ref. Number: A12000000978

We have received your document for DOLPHIN PLAZA PW LP and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The form you submitted is for a LLC, but your entity is a LP. Please complete and return the enclosed blank form(s).

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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) 245-6051.

Jenna D Harris  
Regulatory Specialist II

Letter Number: 415A00023397

FILED  
2015 DEC 10 PM 3:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**DOLPHIN PLAZA PW, LP**

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 12/26/2012, assigned Florida document number A12000000978, 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/or principal office address here:**

New Principal Office Address: 15155 NW 7th Avenue  
(Must be STREET address) MIAMI, FL 33169

New Mailing Address: 15155 NW 7th Avenue  
(May be post office box) MIAMI, FL 33169

**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:**

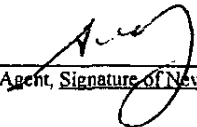
Name of New Registered Agent: AMIRAM PELEG

New Registered Office Address: 15155 NW 7th Avenue  
*Enter Florida street address*

MIAMI, Florida 33169  
*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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input 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
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<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.

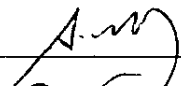
**(NOTE: If adding or removing "limited liability limited partnership" status, all general partners must sign this amendment.)**

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.)

  
0296952 Canada Inc.  
General Partner  
By: Amiram Peleg

**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  
2019 DEC 10 PM 3:30  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA