Division of Corporations Electronic Filing Cover Sheet

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(((H130001530293)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : BAKER & MCKENZIE

Account Number : 074222002135

Phone : (305)789-8900

Fax Number

: (305)789-8953

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

Pmail	Address:			
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## LP/LLLP AMENDMENT/RESTATEMENT/CORRECTION **BEL PROP US 1 LP**

Certificate of Status	1
Certified Copy	1
Page Count	05
Estimated Charge	\$113.75

K. SALY EXAMINER JUL 1 0 2013

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Corporate Filing Menu

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CERTIFICA	ATE OF	LIMITED PARTI	NERSHIP	7//
		OF		
	BEL PE	ROP US 1 LP		~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
		ile with Florida Departr	nent of State	
11.04.17 11.11.17				`Q <sub>Q</sub> ,
				(O)
Pursuant to the provisions of section 62	0.1202, F	Florida Statutes, this	Florida limit	ed partr crship or 💎 🌋
limited liability limited partnership, wh	ose certif	icate was filed with	the Florida D	Department of State on
June 12, 2013 , ass				
adopts the following certificate of amer	idinent to	its certificate of lin	nited partners	hip.
This amendment is submitted to amend the	following:			
A. If amending name, enter the new nar	ne of the	limited partnership	or limited liab	olity limited partnership
bere;				
•				
		·		
New name must be	e distinguis	hable and contain an ac	ceptable suffix.	
Acceptable Limited Partnership suffixes: Limite	ed Parinars	hin Limited I.P. I.P.	or Ltd	•
Acceptable Limited Liability Limited Partnersh	ip suffixes:	Limited Liability Limit	ed Parinership, .	L.L.L.P. or LLLP.
B. If amending mailing address and	'or princi	ipal office address,	enter new m	ailing address and/or
principal office address here:				
N		4000 D-i-k-k-li A.	40.00	
New Principal Office Ad-	<u>aress:</u>	1200 Brickell Av	<u>renue</u>	
(Must be STREET address)		18th Floor	0.404	
		Miami, Florida 3	33131	<del></del>
Now Malling Address		1200 Delakali As	(2010)	
New Mailing Address: (May be post office box)		1200 Brickell Av	/eliue	<del></del>
(indy he past office box)		Miami, Florida 3	13131	
		IVIIAITII, FIOLIDA S	22.12.1	<del> </del>
C. If amending the registered agent and	l/or regist	tered office address	on our record	s, enter the name of the
new registered agent and/or the new regis	stered offi	ce address here:		
	Cala	man é Eurobran	116	
Name of New Registered Agent: Se		mon & Furshman,	LLF	
New Registered Office Address:	1200	Brickell Ave, Suit	e PH2000	
Hen Vekilteled (Villes Addiess)			da street addre	225
				<del></del>
		Miami	, Florida	33131
		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.

Mr. For / Solo, MAN & FURSUMAN LED If Changing Registered Agent, Signature of New Legistered 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: Title <u>Name</u> <u>Address</u> Type of Action Remove \_]\d1 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.)

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		nauge(s) here: (Attach additional sheets, if necessary.)
<u> </u>		
Wastive data if other than the day	to of filings	
ffective date, if other than the dat Effective date cannot be prior to nor mor	re than 90 days afte	er the date this document is filed by the Florido Department of
ate.)	,	,,,,,,,, .
<u>ionature(s) of a general partner</u>	r or all general	partners*:
NOTE: Only one current general new	namin required to sig	yn this document unless the limited partnership is adding or
moving a "limited liability limited parts	nership" election sta	atement. Chapter 620, F.S., requires all general partners to sign
hen adding or removing a "limited liabi	ility limited partners	ship" election statement.)
		<u> </u>
10/20/20	<u> </u>	Thomas TAURE, as director of General Partner BEL GP Inc.
	<del></del>	
		as director of Ganetal
		Dating 251 60 Inc
	<del></del>	Parinei BLL UI Inc.
···-		
gnature(s) of all new or dissoci	<u>lating general p</u>	artner(s), if any:
<del></del>		
	<u></u>	
	\$52.50	
Ciling Fee: Certified Copy (optional): Certificate of Status (optional);	\$52.50 \$52.50 \$8.75	