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COVER LETTER

TO: Registration Section

Division of C	orporations			
SUBJECT: FOREST	HILLS RE INVESTMEN	TTS LLLP		
Nar Nar	ne of Florida Limited Par	tnership or Limited L	iability Limited Partnership	
The enclosed Certific	ate of Amendment ar	nd fee(s) are subm	itted for filing.	
Please return all corre	espondence concernir	ig this matter to:		
NIRMAL SAWHNEY				
	Contact Person			
FOREST HILLS RE IN	VESTMENTS LLLP			
	Firm/Company			
531 N OCEAN BLVD S	TE 201			
	Address			
POMPANO BEACH, FL	. 33062			
C	ity, State and Zip Code			
BILLYSAHNI@GMAI	L.COM			
E-mail address: (to	be used for future annual	report notification)		
For further information	on concerning this ma	atter, please call:		
NIRMAL SAWHNEY	-	786 at (291-1600	
Name of Contac	et Person		d Daytime Telephone Number	
Enclosed is a check f	or the following amo	unt:		
■ \$52.50 Filing Fee	☐\$61.25 Filing Fee and Certificate of Status	□\$105.00 Filing and Certified Copy	-	
Mailing Address: Registration Section Division of Corporat P.O. Box 6327 Tallahassee, FL 3231		Registra Division The Cer 2415 N.	Address: ation Section n of Corporations ntre of Tallahassee . Monroe Street, Suite 810 ssee, FL 32303	J

CERTIFICATE OF AMENDMENT TOCERTIFICATE OF LIMITED PARTNERSHIP OF

FOREST HIL	LS RE	INVEST	MENTS LLL	Р
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Insert name currently on fil	e with Florida Dep	artment of State
Pursuant to the provisions of section 620.1202. Fl limited liability limited partnership, whose certifications assigned Flo adopts the following certificate of amendment to	cate was filed w rida document r	ith the Florida Department of State number A14000000608
adopts the following certificate of amendment to	its certificate of	mined partnersing.
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the length here:	imited partnersh	ip or limited liability limited partner
New name must be distinguish	able and contain ar	n acceptable suffix.
Acceptable Limited Partnership suffixes: Limited Partnersh Acceptable Limited Liability Limited Partnership suffixes:		
B. If amending mailing address and/or principal office address here:	pal office addre	ess, enter new mailing address and
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 registered agent and/or the new registered office ad		on our records, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	Enter F	lorida street address
	Aprel San 7 - Z	
	City	Florida 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, of
am familiar with and accept the obligations of my position as registered agent.

If Changing Registered	Agent, Signature of	New Registered Age

D. If amending the general partner(s), enter the name and business address of each general partner ladded or removed from our records:

<u>Title</u>	Name	Address	Type of Action
GP	Forest Hills Investments GP llc	531 N OCEAN BLVD STE 201 POMPANO BEACH, FL 33062	
<u>GP</u>	SAWHNEY FAMILY LLLP	531 N OCEAN BLVD STE 201 POMPANO BEACH, FL 33062	
	· 18 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		□ Add □ Remove
			□ Add □ Remove
			□ Add □ □ Remove
	·		□ Add □ Remove

E. If the limited partnership or limited liability limited partnership is amending its "limited liab limited partnership" status, enter change here:

☐ 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 amendi

Effective date, if other than the date of filing: (Effective date cannot be prior to nor more than 90 days after State.)	r the date this document is filed by the Florida Departmen
Note: If the date inserted in this block does not meet the appl be listed as the document's effective date on the Department	
Signature(s) of a general partner or all general J	partners*:
/*NOTE: Only one current general partner is required to sig removing a "limited liability limited partnership" election sta when adding or removing a "limited liability limited partners	tement. Chapter 620, F.S., requires all general partners to
Nirnal Sawhrey	Vinal Sawhery
Pankaj Bill Sawhney	flum Cy
***	•
Signature(s) of all new or dissociating general p	artner(s), if any:
Niewal Southann	Mimal Canhers
Diena Sill So loon	701109 Secure acry
Hallkal pill sampling	/hamage
	, , , , , , , , , , , , , , , , , , ,
	
Filing Fee: \$52.50 Certified Copy (optional): \$52.50	
Certificate of Status (optional): \$8.75	