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(Re	questor's Name)		
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PICK-UP	☐ WAIT	MAIL	
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Certified Copies	Certificates	s of Status	
Special Instructions to	Filing Officer:		
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October 31, 2016

PRABODH C. PATEL STRAUSS & PATEL, P.A. 118 WEST ORANGE STREET ALTAMONTE SPRINGS, FL 32714

SUBJECT: MSR WESTMONTE, LLLP

Ref. Number: A15000000219

We have received your document for MSR WESTMONTE, LLLP and your check(s) totaling \$1052.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

To receive a refund, please submit a written request to the attention of the undersigned. Be sure to include the name of the person or entity the check should be made payable to and the address to which it should be mailed.

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.

Letter Number: 316A00023374

Stacey M Warren Regulatory Specialist II

www.sunbiz.org

Division of Corporations - P.O. ROY 6397 Tollahasson Florida 3931

## STRAUS & PATEL, P.A.

ATTORNEYS AND COUNSELORS AT LAW

118 WEST ORANGE STREET ALTAMONTE SPRINGS, FL 32714 TELEPHONE:

(407) 331-5505

FACSIMILE:

(407) 331-6308

October 26, 2016

Division of Corporations Registration Section Post Office Box 6327 Tallahassee, FL 32314

RE: MSR WESTMONTE, LLLP conversion to MSR WESTMONTE, LP

Dear Sir:

Enclosed please find the original Certificate of Conversion and Certificate of Limited Partnership for MSR WESTMONTE, LP, for filing, together with our firm's trust check in the amount of \$1,175.00 for the following costs and fees:

Certificate of Conversion	\$ 52.50
Certificate of Limited Partmership	
For Limited Liability Limited Partnership	\$ 965.00
Registered Agent fee	\$ 35.00

Total

Please forward the certified copies and certificates of status after filing. Thank you for your assistance in this matter.

Very truly yours,

<u>\$1,052.50</u>

Prabodh C. Patel

PCP:lpa Enclosures

#### CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

		_ ,
CERTIFICA	TE OF AMENDMENT TO	
CERTIFICATE OF	F LIMITED PARTNERS OF	HIP
MSR WE	STMONTE, LLLP	
	file with Florida Department of	State
Pursuant to the provisions of section 620.1202, limited liability limited partnership, whose cert 03/16/2015, assigned F	Florida Statutes, this Flori ficate was filed with the F lorida document number	lorida Department of State on
adopts, the following certificate of amendment t	o its certificate of limited p	partnership.
This amendment is submitted to amend the following	;·	
A. If amending name, <u>enter the new name of the here</u> :	limited partnership or lim	ited liability limited partnership
MSR WE	STMONTE, LP	
New name must be distingui	shable and contain an acceptable	e suffix.
Acceptable Limited Partnership suffixes: Limited Partner Acceptable Limited Liability Limited Partnership suffixes		nership, L.L.IP. or LLLP.
B. If amending mailing address and/or princ principal office address here:	ci <mark>pal offic</mark> e address, <u>enter</u>	new mailing address and/or
New Principal Office Address:		
(Must be STREET address)		
		<del></del> -
New Mailing Address:		
(May be post office box)		
C. If amending the registered agent and/or regis new registered agent and/or the new registered off		r records, enter the name of the
tew registered agent and/of the new registered on	ice nuaress nere:	
Name of New Registered Agent:		***
New Registered Office Address:		
	* Enter Florida stre	et address
		Florida
<del></del>	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>	Name	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
***************************************			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 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 info	ormation, enter	change(s) here:	(Attach additional shee	els, if necessary.)
	<del></del>			
		<del></del> -		· · · · · · · · · · · · · · · · · · ·
Effective date, if other than the da	te of filing:	<del> </del>	October 1, 2016	<u>.</u>
(Effective date cannot be prior to nor me State.)	ore than 90 days a	fter the date this c	document is filed by the Fl	orida Department of
Signature(s) of a general partner (*NOTE: Only one current general partner removing a "limited liability limited partner adding or removing a "limited liability limited liability liability liability liability liability liability liability liability liability liabi	tner is required to mership" election	sign this documer	er 620. F.S., requires all g	ership is adding or eneral partners to sig
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x 100 Juny		×	<u> </u>	
Signature(s) of all new or dissoc	iating general	partner(s), if	any:	
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Filing Fee:	\$52.50			£37
Certified Copy (optional):	\$52.50			
Certificate of Status (optional):	\$8.75			