

A15000000219

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

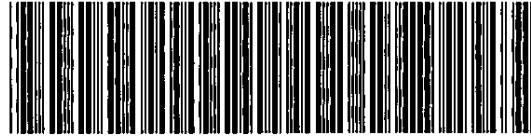
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

removed sign

Office Use Only



000299051630

05/11/17--01035--024 \*\*420.00

FILED  
17 MAY 30 PM 12: 51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

S. WARREN

MAY 31 2017



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 12, 2017

MSR WESTMONTE, LP  
234 N. WESTMONE DR, SUITE 1040  
ALTAMONTE SPRINGS, FL 32714

SUBJECT: MSR WESTMONTE, LP  
Ref. Number: A15000000219

We have received your document for MSR WESTMONTE, LP and your check(s) totaling \$420.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the dissociating general partner unless the document states the general partner is deceased or a guardian or general conservator has been appointed or the general partner previously filed a Statement of Dissociation with the Florida Department of State.

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.

Stacey M Warren  
Regulatory Specialist II

Letter Number: 417A00009588

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

**MSR WESTMONTE, 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 3/16/2015, assigned Florida document number A15000000219, 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:**

n/a

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:  
(Must be **STREET** address)

n/a

New Mailing Address:  
(May be post office box)

**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:

n/a

New Registered Office Address:

Enter Florida street address

Florida

City

Zip Code

FILED  
17 MAY 30 PM 12:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED  
17 MAY 30 PM 12:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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>
GP	Pradeep Matharoo	234 N. Westmonte Drive Suite 1040 AltamonteSprings FL 32714	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
GP	Narinder Seehra	234 N. Westmonte Drive Suite 1040 AltamonteSprings FL 32714	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
GP	Sachindev Gaya	234 N. Westmonte Drive Suite 1040 AltamonteSprings FL 32714	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
GP	Marcus Gillam	234 N. Westmonte Drive Suite 1040 AltamonteSprings FL 32714	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
GP	MSR AMERICAS2, INC	234 N. Westmonte Drive Suite 1040 AltamonteSprings FL 32714	<input checked="" 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.)*

n/a


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.)

X  \_\_\_\_\_  
MARCUS GILLAM

 \_\_\_\_\_  
NARINDER SEEHRA


 \_\_\_\_\_  
PRADEEP NATHARAO

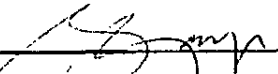
 \_\_\_\_\_  
SACHIN GATA

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

 \_\_\_\_\_  
MARCUS GILLAM

 \_\_\_\_\_  
NARINDER SEEHRA

 \_\_\_\_\_  
PRADEEP NATHARAO

 \_\_\_\_\_  
SACHIN GATA

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

FILED  
17 MAY 30 PM 12:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA