

A15000000394

(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:

Office Use Only



900429164209

LP Amend

05/03/24--01029--007 *\$52.50

FILED
2024 MAY -3 AM 8:46
CLERK OF SUPERIOR COURT
STATE OF MICHIGAN

A. RAMSEY

MAY 22 2024

DAVID J. SIMMONS & ASSOCIATES, LLC

DAVID J. SIMMONS, J.D., M.TAX., L.L.M., (ESTATE PLANNING) *

BOARD CERTIFIED WILLS, TRUSTS & ESTATE ATTORNEY (FLORIDA BAR)

FELLOW AMERICAN COLLEGE OF TRUST AND ESTATE COUNSEL

*MEMBER OF FLORIDA, OHIO, AND NEW YORK BARS

PHONE: 239-529-5298

FAX: 239-529-5372

E-MAIL: mhochstetler@djsestatelaw.com

May 2, 2024

VIA FEDERAL EXPRESS

Florida Division of Corporations
Registration Section
The Centre of Tallahassee
2145 N. Monroe Street, Ste. 810
Tallahassee, FL 32303

Re: Broad Avenue South LLLP Certificate of Amendment

Dear Sir or Madam:

Please find enclosed the following:

1. Cover Letter; and
2. Certificate of Amendment to Certificate of Limited Partnership; and
3. Check in the amount of \$52.50 for filing fees.

Do not hesitate to contact me should you have any questions or concerns.

Sincerely,



Matthew R. Hochstetler, Esq.

MRH/dlw

Enclosures (3)

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Broad Avenue South, LLLP

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:

Sandra Walker

Contact Person

Meaningful Enterprises

Firm/Company

2550 Goodlette Road North

Address

Naples, FL 34103

City, State and Zip Code

sdwalker@meaningfulenterprises.com

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

For further information concerning this matter, please call:

Matthew Hochstetler

at (239) 529-5298

Name of Contact Person

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

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

CERTIFICATE OF AMENDMENT
TO
CERTIFICATE OF LIMITED PARTNERSHIP
OF

FILED

2024 MAY -3 AM 8:46

CLERK OF STATE
TALLAHASSEE, FLORIDA

Broad Avenue South, LLLP

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 06/19/2015, assigned Florida document number A15000000394, 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:

(Must be STREET address)

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:

New Registered Office Address:

Enter Florida street address

_____, Florida _____

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> |
|--------------|------------------------------------|---|--|
| <u>GP</u> | <u>MCC Management of Naples, L</u> | <u>2550 Goodlette Rd N</u> <u>Naples, FL 34103</u> | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |
| <u>GP</u> | <u>Ridpath Inc.</u> | <u>2550 Goodlette Rd N</u> <u>Naples, FL 34103</u> | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
| <u>_____</u> | <u>_____</u> | <u>_____</u> | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| <u>_____</u> | <u>_____</u> | <u>_____</u> | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| <u>_____</u> | <u>_____</u> | <u>_____</u> | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| <u>_____</u> | <u>_____</u> | <u>_____</u> | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| <u>_____</u> | <u>_____</u> | <u>_____</u> | <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.)*

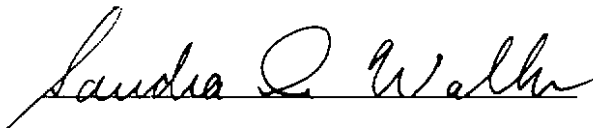
Effective date, if other than the date of filing: _____

(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

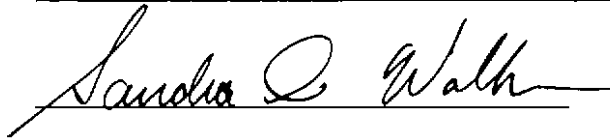
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.)



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