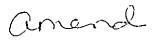
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| Special Instructions to | Filing Officer: | |
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COVER LETTER

| TO: Registration : Division of C | | | |
|---|---|--|---|
| SUBJECT: LEC EQ | UESTRIAN PARTNERS. | LLLP | |
| Na | me of Florida Limited Par | tnership or Limited Liabi | lity Limited Partnership |
| The enclosed Certific | cate of Amendment ar | nd fee(s) are submitte | d for filing. |
| Please return all corr | espondence concernin | g this matter to: | |
| Sylvia Blick | | | |
| | Contact Person | · <u>- · · · · · · · · · · · · · · · · · ·</u> | |
| LEC EQUESTRIAN PA | RTNERS, LLLP | | |
| | Firm/Company | | |
| 700, 840 - 6th Avenue S | .W. | | |
| | Address | | |
| Calgary, Alberta, Canad | a T2P 3E5 | | |
| (| ity. State and Zip Code | | |
| notices@signalta.com | | | |
| E-mail address: (to | be used for future annual | report notification) | |
| For further informati | on concerning this ma | tter, please call: | |
| Sylvia Blick | | _at (403)65 | 1-3781 |
| Name of Contac | et Person | | aytime Telephone Number |
| Enclosed is a check f | or the following amou | unt: | |
| ■ \$52.50 Filing Fee | S61.25 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: | | Street Add | |
| Registration Section | • | Registratio | |
| Division of Corporations P.O. Box 6327 | | | Corporations of Tallahassee |
| Tallahassee, FL 3231 | 4 | | onroe Street, Suite 810 |
| | | | e. FL 32303 |

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

| 2021 HA | FIL | ED |
|---------|-------|-----------------|
| P | T / 7 | ED AH 10: 01 |

| LEC EC | QUESTRIA | AN PARTNERS, LL | LP |
|--|------------------------------|---|---|
| | | ile with Florida Dep | |
| Pursuant to the provisions of section 62 limited liability limited partnership, who October 8, 2015 adopts the following certificate of amen | ose certif | icate was filed w orida document n | ith the Florida Department of State on umber A15000000646 |
| This amendment is submitted to amend the f | ollowing: | | |
| A. If amending name, enter the new name here: | ne of the l | imited partnersh | p or limited liability limited partnership |
| New name must be | distinguish | nable and contain an | acceptable suffix. |
| Acceptable Limited Partnership suffixes: Limited Acceptable Limited Liability Limited Partnership | d Partnersi p suffixes: . | hip, Limited, L.P., Li Limited Liability Lin | P, or Ltd. nited Partnership, L.L.L.P. or LLLP. |
| B. If amending mailing address and/o principal office address here: | or princi | pai office addres | s, enter new mailing address and/or |
| New Principal Office Add | recc. | | |
| (Must be STREET address) | | | |
| | | | |
| New Mailing Address: | | 700, 840 - 6th Ave | nue S.W. |
| (May be post office box) | | Calgary, Alberta | |
| | | Canada T2P 3E5 | |
| C. If amending the registered agent and/or registered agent and/or the new registered | | | n our records, <u>enter the name of the new</u> |
| Name of New Registered Agent: | Согрога | ntion Service Compa | пу |
| New Registered Office Address: 1201 Hays Street Enter Florida street address | | rida street address | |
| | ee. 13. 4 | | |
| | Tallaha | City | , Florida <u>32301</u> <i>Zip Code</i> |
| | | · · · | |

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.

Barkley Audiffred, Assit. VP

| <u>itle</u> | <u>Name</u> | <u>Address</u> | Type of Action |
|-------------|-------------------------------------|-----------------------------------|------------------|
| P | S. Robert Chad | 700, 840 - 6th Avenue S.W. | = Add |
| | Calgary, Alberta Canada, T2P 3E5 | □ Remove | |
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| e limited | nartnership or limited lie | ability limited partnership is am | anding to Winted |
| partnersl | nip" status, enter change h | ere: | enanig us innica |

| г. 11 amending any other information, enter c | change(s) here: (Attach additional sheets, if necessary.) |
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| Post-size data is at a day of the SCI Day | |
| Effective date, if other than the date of filing: Deci (Effective date cannot be prior to nor more than 90 days aft State.) Note: If the date inserted in this block does not meet the app be listed as the document's effective date on the Department | er the date this document is filed by the Florida Department of plicable statutory filing requirements, this date will not |
| · | |
| Signature(s) of a general partner or all general | partners*: |
| (*NOTE: Only one current general partner is required to sign removing a "limited liability limited partnership" election stawhen adding or removing a "limited liability limited partnership". | atement. Chapter 620, F.S., requires all general partners to si |
| 3. Rotal Cond | |
| | |
| | |
| Signatures) of all new or dissociating general p | artner(s), if any: |
| 5 Papest Chel | |
| Carel Portag | |
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| | |
| Filing Fee: \$52.50 | |
| Certified Copy (optional): \$52.50 Certificate of Status (optional): \$8.75 | |