(Re	equestor's Name)	_
(Ad	ddress)	_
(Ac	ddress)	
(Ci	ity/State/Zip/Phone #)	
PICK-UP	WAIT MAIL	
(В	usiness Entity Name)	_
(Do	ocument Number)	
Certified Copies	Certificates of Status	
Special Instructions to	Filing Officer:	

Office Use Only



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October 31, 2016

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

SUBJECT: MSR ORLANDO, LLLP Ref. Number: A15000000809

We have received your document for MSR ORLANDO, 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):

Your entity was administratively dissolved or its certificate of authority was revoked for failure to file the annual report/uniform business report as required by law. To reinstate this entity complete the enclosed application/report form.

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.

Stacey M Warren Regulatory Specialist II

Letter Number: 816A00023368

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 ORLANDO, LLLP conversion to MSR ORLANDO, LP

Dear Sir:

Enclosed please find the original Certificate of Conversion and Certificate of Limited Partnership for MSR ORLANDO, 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 Partme	ership		
For Limited Liability Lim	ited Partnership	\$	965.00
Registered Agent fee	·	\$	35.00
	Total	\$ 1	1,052.50

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

Very truly yours,

Prabodh C. Patel

PCP:lpa Enclosures

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP

MSRC	PRLANDO, LLLF	,		
Insert name currently o	n file with Florida Depar	tment of State		
				,
Pursuant to the provisions of section 620.1202	. Florida Statutes, th	is Florida limit	ted partnership or	r
limited liability limited partnership, whose cer	tificate was filed wit	h the Florida I	Department of Str	ite on
12/21/2015 , assigned)	Florida document nu	mber A	15000000809	110 011
adopts the following certificate of amendment	to its certificate of li	mited partners	hip.	
		-	•	
This amendment is submitted to amend the following	ıg:			
A. If amending name, enter the new name of th	e limited partnershir	or limited list	oility limited parti	nership
here:				
MSR (ORLANDO, LP			
New name must be distingu		cceptable suffix.		
Acceptable Limited Partnership suffixes: Limited Partne Acceptable Limited Liability Limited Partnership suffixe	ership, Limited, L.P., LP. See: Limited Liability Lim	, or Lld. itad Partnarshin	I.I.P. orIIIP	
companies dimica distinty similar and merany sayace	3. Dimica Diabitity Dimi	near anneromp,	U.B.D. CO DEDI.	
If amending mailing address and/or prin	cipal office address	s, <u>enter new n</u>	iailing address a	nd/or
principal office address here:				
Now Principal Office Address				·
New Principal Office Address:				
(Must be STREET address)				
New Mailing Address:				
(May be post office box)	_			
C. If amending the registered agent and/or reg	istered office address	on our record	s, <u>enter the name</u>	of the
new registered agent and/or the new registered o	Mce address here:			
				
Name of New Registered Agent:				
Name of New Registers (1894).				
New Registered Office Address:	r.u. Ele	rida street addre		
	Enter 1:10	riaa sireei aaare	, ss	
		, Florida		
	City		Zip Code	77
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	Page 1 of 3		r co	

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	<u>business</u>	address :	of each	general	partner	being
<u>ade</u>	<u>led or removed fi</u>	om our i	re <u>cords:</u>									

Title	Name	Address	Type of Action
			_ Add _ Remove
			□ □ Add □ □ □ □ Remove □ □
		•	A Add De Constant Con
			AdS Remove
			_

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

This Limited Partnershi	p hereb	y elects to be a	"Limited Liability	y 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.)

	-	
		•
fective date, if other than the date of	of filing:	October 1, 2016
ffective date cannot be prior to nor more t	than 90 days after	r the date this document is filed by the Florida Departme
·-· ,		
gnature(s) of a general partner o	r all general p	partners*:
OTE: Only one current general partner	is required to sign	n this document unless the limited partnership is adding
noving a "timited hability timited partners on adding or removing a "limited liability	ship" election stat y limited partnersh	tement. Chapter 620, F.S., requires all general parmers hip" election statement.)
-9-21		× Z
LAmon		
		
		
gnature(s) of all new or dissociati	ing general pa	artner(s), if any:
		
		
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