

# A16000000198

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

(Business Entity Name)

(Document Number)

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

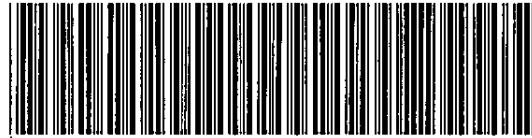
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Amend filed to  
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A16-198  
Amend

MAY 3 - 2016

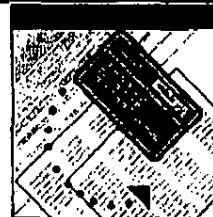
N. CAUSSEAU

May. 2. 2016 3:50PM

No. 2193 P. 1

ZAHIR (KEN) KANJI, M/ACC  
CERTIFIED PUBLIC ACCOUNTANT  
730 W. COLONIAL DR.  
ORLANDO, FL 32804  
TEL: (407) 423-2371  
FAX: (407) 423-7228

Financial Accounting  
Services PLC



Fax

To: IRS  
From: Aleem Kanji  
Nanette Causseaus

Fax: 859-245-6030 Pages: 5 INCLUDING THIS COVERSHEET

Phone: Date: 5/2/16

Re: FORM ss4 -EIN CC:

Sent By: ALEEM KANJI Time Sent: 345 am / pm

☐ Urgent ☐ Please Comment ☒ Please Reply ☐ Please Recycle ☐ For Review

RE: HMSGD HOSPITALITY II LLLP

ATTN: Nannette

Per our conversation, please see attached amendment for the above mentioned LLLP. If you can please make the correction with the checkmark clicked as in the amendment. Thank you. If you can send me a confirmation email once done please.

IF YOU HAVE ANY QUESTIONS OR CONCERNS, I CAN BE REACHED AT 407-423-2371 X7411  
OR BY EMAIL AT [FINACCTSVCC@GMAIL.COM](mailto:FINACCTSVCC@GMAIL.COM)

THANK YOU

This communication is intended for the sole use of the individual to whom it is addressed and may contain information that is privileged, confidential and exempt from disclosure under applicable law. If the reader of this communication is not the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this communication is strictly prohibited. If you have received this communication in error, please notify the sender immediately by telephone and return this communication to the address above via the United States Postal Service, thank you.

CONFIDENTIAL

RECEIVED  
2016 MAY -2 PM 3:54  
TAX CLASS. FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** HMSGD HOSPITALITY GROUP II 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:

ALEEM KANJI

Contact Person

FINANCIAL ACCOUNTING SERVICES PLC

Firm/Company

730 W COLONIAL DR

Address

ORLANDO, FL 32804

City, State and Zip Code

FINACCTSVC@GMAIL.COM

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

For further information concerning this matter, please call:

ALEEM KANJI

Name of Contact Person

at ( 407 )

423-2371

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

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

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

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

**HMSGD HOSPITALITY GROUP II 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 4/12/2016, assigned Florida document number A16000000198, 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>
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input 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.)*

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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 

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

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