A16000000 205

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	<u> </u>
(Cit	y/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Name	()
(Do	cument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	
		!
	Office Use Only	,



800289096718

08/16/16--01034--011 **52.50

THE AHE 24 P 2: 34 *
SECRETARY OF STATE
OF ARASSEF, FLORIDA.

S Warren AUG 2 5 2018



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 18, 2016

ST. PETERSBURG MIDTOWN POST OFFICE LTD. 30 WEST MASHTA DRIVE, #400 KEY BISCAYNE, FL 33149

SUBJECT: ST. PETERSBURG MIDTOWN POST OFFICE LTD.

Ref. Number: A16000000205

We have received your document for ST. PETERSBURG MIDTOWN POST OFFICE LTD. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable because it is the same as or not distinguishable from an existing entity. If the principals are the same in both entities, please send a letter or affidavit advising us of this association, along with your articles so that we may complete the filing process.

The document number of the name conflict is P16000032833 SEA BREEZE RETAIL INVESTMENTS, INC..

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: 416A00017539

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

ST. PETERSBURG MIDTOWN POST OFFICE LTD.

Insert name currently on file with Florida Department of State

limited liability limited partnership, whose ce 4/14/2016, assigned	2, Florida Statutes, this Florida limited partnership or rtificate was filed with the Florida Department of State on Florida document number
adopts the following certificate of amendmen	t to its certificate of limited partnership.
This amendment is submitted to amend the following	ing:
A. If amending name, enter the new name of there:	the limited partnership or limited liability limited partnership
	TAIL INVESTMENTS, LTD. guishable and contain an acceptable suffix.
Acceptable Limited Partnership suffixes: Limited Partn Acceptable Limited Liability Limited Partnership suffix	nership, Limited, L.P., LP, or Ltd. xes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.
B. If amending mailing address and/or pri principal office address here:	ncipal office address, enter new mailing address and/or
New Principal Office Address: (Must be STREET address)	
New Mailing Address: (May be post office box)	
C. If amending the registered agent and/or renew registered agent and/or the new registered of	gistered office address on our records, enter the name of the office address here:
Name of New Registered Agent:	77 (7) 197 77 (7) 197 27 (8) 197
New Registered Office Address:	Enter Florida street address SAR 2 , Florida
	City Zip Gode V ORIGIE

New Registered Agent's Signature, if changing Registered Agent:

	,e, s á · u	If Changing Registered Agent, Signature of New Registered A				
	the general partner(s), e	nter the name and business addre	ess of each general partn			
<u> Citle</u>	<u>Name</u>	Address	Type of Action			
·			Add Remove			
,			Add Remove			
			— Remoye			
			Add D			
· · · · · · · ·			Add -			
			AddRemove			

(NOTE: If adding or removing" limited liability limited partnership" status, all general partners must sign this amendment.)

This Limited Partnership hereby removes its "Limited Liability Limited Partnership" status.

F. If amending any other info	rmation,	enter change	(s) here: (Attac	h additior	nal sheets, ij	neces	sary.)
			 .		·-·		
Effective date, if other than the date (Effective date cannot be prior to nor most State.)	te of filiñ re than 90	ig: days after the a	late this docume	nt is filed b	y the Florida	a Depa	rtment of
Signature(s) of a general partner	r or all g	eneral parti	ers*:			1	
(*NOTE: Only one current general partr removing a "limited liability limited partr when adding or removing a "limited liabi	nership" ele	ection statemen	t. Chapter 620,	F.S. 13 qui	d partnershi	is add	ling or ers to sign
			- / m				
	<u> </u>					<u> </u>	
Signature(s) of all new or dissoci	ating ge	neral partne	er(s), if any:		•		
	·						_
	·		· 		<u> </u>		
					.		
						300	· congress
Filing Fee: Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$52.50 \$8.75				HASSEF, FLORI	165 24 P 2:3	



August 24, 2016

VIA FAX: 850-245-6804

Florida Department of State
Division of Corporations
Attn: Stacey M. Warren
Regulatory Specialist II
Registration/Qualification Section
P.O.Box 6327
Tallahassee, FL 32314

RE: CONSENT LETTER

Letter Number: 416A00017539

Name Change Request - Conflict Document Number: P16000032833

To Whom It May Concern:

I am the registered agent and member of SEA BREEZE RETAIL INVESTMENTS, INC., Document Number: P16000032833.

I hereby consent to the name change of the entity to SEA BREEZE RETAIL INVESTMENTS, LTD., which is currently known as the ST. PETERSBURG MIDTOWN POST OFFICE, LTD., (document number A16000000205).

The entity SEA BREEZE RETAIL INVESTMENTS, INC., with document number P16000032833 consists of the same principals for both entities.

Feel free to contact me if you have any questions at 305-365-2600 extension 26.

Sincerely,

Max D. Puyanic Agent/President

MDP:cr

2016 AUG ZU P 2: 34