A16788

(Requestor's Name)	
, ,	
(Address)	
,	
(Address)	
,	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of State	us
Special Instructions to Filing Officer:	

Office Use Only



800273354238

800273354238 05/19/15--01023--026 **25.00

800273354238 06/19/15--01001--022 **18.75

SECRETARY OF STATE

SECRETARY OF STATE
DIVISION OF CORPORATION

JUN 18 2015

3 MASON



Tallahassee, Florida 32301 CR2E067 (10/07)

(For Office Use Only)

		COVERLETTER			
TO:	Registration Section Division of Corporations				
SUBJ	ECT: Hillcrest Investor	s, LTD			
		Name of Partnership			
DOC	ument number: <u>A1678</u>	8	_		
The e	nclosed Amendment to Partners	ship Registration and fee(s) are submitted for	filing.		
Please	return all correspondence con-	cerning this matter to the following:			
Victo	or Lopez				
	Name of Person			-	٠
Hillc	rest Investors, LTD				
•	Firm/Company				
110	1 Hillcrest Drive				
	Address	· · · · · · · · · · · · · · · · · · ·			
Holl	ywood, FL 33021				
	City/State and Zip (Code			
	ez@tobinprop.com				91V
E-	mail address: (to be used for future annua	al report notification)	골없	5	11S11 0336
For fu	rther information concerning th	nis matter, please call:	CREI	N. C.	모든 모든
Victo	r Lopez	at (_954) 989-3000	ARY		00 RY
	Name of Person	Area Code & Daytime Telephone Num	ber FLO		꽃유드
STRFF	ET ADDRESS:	MAILING ADDRESS:	S	AM 8: 30	SRA
	ation Section	Registration Section	E E	သ	III
	n of Corporations	Division of Corporations	125		¥
	Building	P.O. Box 6327			(F
2661 E:	xecutive Center Circle	Tallahassee, Florida 32314			

Tallahassee, Florida 32314



May 22, 2015

VICTOR LOPEZ 1101 HILLCREST DRIVE HOLLYWOOD, FL 33021

SUBJECT: HILLCREST INVESTORS, LTD

Ref. Number: A16788

We have received your document for HILLCREST INVESTORS, LTD and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a GENERAL PARTNERSHIP GP, but your entity is a LIMITED PARTNERSHIP LP. Please complete and return the enclosed blank form(s).

There is a balance due of \$18.75.

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 Mason Regulatory Specialist II

Letter Number: 015A00010933

SECRETARY OF STATE

SECRETARY OF STATE STATE STATE OF CORPORATIONS

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

HILLOREST INVESTOR	with Flo	L+D. rida Department of State	 –		
Pursuant to the provisions of section 620.1202, Floilimited liability limited partnership, whose certification of the following certificate of amendment to its	ate was ida doci	filed with the Florida Dument number	epartment	ship or of Sta	ite on
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the line	nited_pa	rtnership or limited liab	ility limited	<u>d partı</u>	<u>iership</u>
New name must be distinguisha	ible and c	ontain an acceptable suffix.	== =		
Acceptable Limited Partnership suffixes: Limited Partnership Acceptable Limited Liability Limited Partnership suffixes: L	imited Li	ability Limited Partnership, i			
B. If amending mailing address and/or princip principal office address here:	al offic	e address, <u>enter new m</u>	ailing add	<u>lress a</u>	<u>ind/or</u>
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 new registered agent and/or the new registered office			s, <u>enter the</u>	e name	of the
Name of New Registered Agent:					SIVIS
New Registered Office Address:		F	ECA PECA	<u>_</u> ₹	CRET
		Enter Florida street addre	TARY ASSET	7	ARY CO
	City	, Florida _	Zip Code		- 동안 - 전문 (2)

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	e name	and	business	address	of eac	ch general	partner	being
ado	led or removed fro	m our i	records:									

<u>Title</u>	Name	Address	Type of Action
	Hillcrest Investors GP, U.C.	HOI HICKEST Dr.	Add Remove
	HBHDC, LLC	HOLLYWOOD, FL 3502	Add Remove
			Add Remove
			SECKE TARY SECKETARY SEGMOVE 15 JUN 17 SEGMOVE SEGMOVE 18 JUN 17 SEGMOVE SEGMO
			T AM 8: 30 7 AM 8: 30 11Y (3d m) Add SEE A M) Add SEE A M) Add Add Add Add Add Add Add Add
			Add Remove

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

Ì	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 infor-	mation, o	enter change(s)	here: (Attac	rh additional	sheets, if n	ecessa	ry.)
							
Effective date if other than the date	e of filin						
Effective date, if other than the date (Effective date cannot be prior to nor more State.)	e than 90	days after the dat	e this docume	nt is filed by I	he Florida l	Departn	nent of
Signature(s) of a general partner	or all g	eneral partne	<u>rs*:</u>				
(*NOTE: Only one current general partner removing a "limited liability limited partner when adding or removing a "limited liability limited liability liabil	ership" ele	ection statement.	Chapter 620,	F.S., requires			
of deter							
Signature(s) of all new or dissocia	ating ge	neral partner	(s), if any:				
				-			
				··· · · · · · · · · · · · · · · · · ·			
	<u> </u>				-		
					IJA ISS	55	ISIV Sec
Filing Fee:	\$52.50				AHC CHECK	=	2KE 7
Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$8.75				SSEE	17 AM	ARY OF
					CORROTE SILVIS	 છ ડ	F STAT