A18000000172

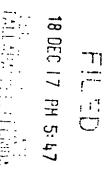
(Rec	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	//State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nar	ne)
(Doc	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	Filing Officer:	
GP Sign		

Office Use Only



700321078837

11/26/18--01041--018 **61.25



K SALY



December 4, 2018

MAIN BEACH SOJOURN, LLLP GREGORY K GROVE 15 PIEDMONT CENTER, STE 930 ATLANTA, GA 30305

SUBJECT: MAIN BEACH SOJOURN, LLLP

Ref. Number: A18000000172

We have received your document for MAIN BEACH SOJOURN, LLLP and your check(s) totaling \$61.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

A general partner must sign the document.

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.

Letter Number: 818A00024830

Karen A Saly Regulatory Specialist II

COVER LETTER

TO: Registration Division of	Section Corporations			
SUBJECT: MAIN I	BEACH SOJOURN, LLLF	,		
N	ame of Florida Limited Pa	rtnership or Limited Lia	bility Limited Partnership	
The enclosed Certif	icate of Amendment a	nd fee(s) are submit	ted for filing.	
Please return all cor	respondence concerni	ng this matter to:		
GREGORY K. GROV	E			
	Contact Person			
MAIN BEACH SOJOU	JRN, LLLP			
	Firm/Company			
15 PIEDMONT CENT	ER, SUITE 930			
	Address			
ATLANTA, GA 30305				
-	City, State and Zip Code			
GGROVE@GFMAIL	.ORG			
E-mail address: (to	o be used for future annual	report notification)		
For further information	tion concerning this m	atter, please call:		
GREGORY K. GROV	E	at (404)	233-6500	
Name of Cont	act Person	_ `	Daytime Telephone Number	
Enclosed is a check	for the following amo	ount:		
☐ \$52.50 Filing Fee	■\$61.25 Filing Fee and Certificate of Status	☐\$105,00 Filing Fe and Certified Copy	ee ☐\$113.75 Filing Fee. Certified Copy, and Certificate of Status	
STREET ADDRES	SS:	MAILIN	G ADDRESS:	
Registration Section			ion Section	
Division of Corpora	ttions		Division of Corporations	
Clifton Building 2661 Executive Cer	etan Cimala	P. O. Box		
Tallahassee, FL 32		rananass	see, FL 32314	

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF



MAIN BEACH SOJOURN, 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 APRIL 23, 2018, assigned Florida document number A18000000172,				
adopts the following certificate of amendment t				
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:				
Acceptable Limited Partnership suffixes: Limited Partne. Acceptable Limited Liability Limited Partnership suffixes				
B. If amending mailing address and/or prin- principal office address here:	cipal office add	ress, 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 reginew registered agent and/or the new registered of	stered office add fice address here	dress on our records, enter the name of the		
Name of New Registered Agent:				
New Registered Office Address:	Fnter	Florida street address		
	ismer			
	City	, Florida 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:

Title	<u>Name</u>	Address	Type of Action
<u>GP</u>	AMELIA ATLANTIC, LLC	15 PIEDMONT CENTER SUITE 930 ATLANTA, GA 30305	_ ■ Add □ Remove
GP	AMELIA ATLANTIC, INC.	15 PIEDMONT CENTER SUITE 930 ATLANTA, GA 30305	_ □ Add □ Remove
			_ □ Add □ □ 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,)

	
	
Effective date, if other than the date	e of filing:
Effective date cannot be prior to nor more	e of filling:
State.) Note: If the date inserted in this block doe, be listed as the document's effective date (es not meet the applicable statutory filing requirements, this date will not on the Department of State's records.
Signaturate) of a gonoral partner	or all general postness's
Signature(s) of a general partner	or all general partners*:
removing a "limited liability limited partne when adding or removing a "limited liabili" AMIEWA ATZAWIC, L	ership" election statement. Chapter 620, F.S., requires all general partners to signify limited partnership" election statement.) L.C. By, Jugany Low
<u> </u>	
Signature(s) of all new or dissocia	ating general partner(s), if any:
AMELIA ATLANTIC, LLC by: Gregory	K. Grove Change & Chove
	K. Grove
	K. Grove Jugny / Irone
	K. Grove
AMELIA ATLANTIC, INC by: Gregory I	K. Grove
AMELIA ATLANTIC, INC by: Gregory I	S52.50