15020

(1	Requesto	or's Name)			
(.	Address)				
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(City/State	e/Zip/Phone #	‡)		
PICK-UP		WAIT	[MAI	L
(Business	Entity Name)	<u>.</u>	
	Documer	nt Number)		-	
Certified Copies		Certificates	of Stati	us	
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Special Instructions to F	Filing Offi	cer:			

Office Use Only



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TALLAHASSEE, FLONIA



Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 3/1/2024	_		⇔WALK IN
ENTITY NAME FOXW	ood Ltd.		
DOCUMENT NUMBER			
	PLEASE FILE THE ATTACHED	AND RETURN	1 041.35
<u> </u>	Plain Copy Certified Copy		SOC A IV
	Certificate of Status		H 9: 59
	**PLEASE OBTAIN THE FOLLOWING FO Certified Copy of Arts & Amendments Certificate of Good Standing		
	APOSTILLE' / NOTARIAL C	ERTIFICATION	
COUNTRY OF DESTIN NUMBER OF CERTIFIC	_		
TOTAL OWED \$52.5	0	ACCOUNT #: 12016	_
Please call Tina at	the above number for any issues	or concerns. Than	

COVER LETTER

TO: Registration Division of	Section Corporations		
SUBJECT: Foxwood	<u>-</u>		
SOBJECT:N	ame of Florida Limited Pa	rtnership or Limited Liabilit	ty Limited Partnership
The enclosed Certif	icate of Amendment a	nd fee(s) are submitted	for filing.
Please return all cor	respondence concerni	ng this matter to:	
Teresa Shoemaker			
	Contact Person		
Arnall Golden Gregory	LLP		~?
	Firm/Company		* 3478 * 1548 * 1448
2100 Pennsylvania Ave	enue, Suite 350		
	Address	-	
Washington, DC 20037	202		SALES OF STATE
	City, State and Zip Code		18 S
tercsa,shoemmaker@a	gg.com		ر 2.5 9
E-mail address: (to	o be used for future annual	report notification)	-
For further information	tion concerning this m	atter, please call:	
Teresa Shoemaker		at (202) 677.	4946
Name of Cont	act Person		time 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 Fee and Certified Copy	☐\$113.75 Filing Fee, Certified Copy, and Certificate of Status
Mailing Address:		Street Addr	ess:
Registration Section		Registration	
Division of Corpora	itions		Corporations
P.O. Box 6327	11.4		of Tallahassee
Tallahassee, FL 323	014		nroe Street, Suite 810
		Tallahassee,	ГL 34303

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

Foxwood, Ltd. Insert name curre	ntly on file w	ith Florida Department (of State	-		
Pursuant to the provisions of section 620.						-
limited liability limited partnership, whos 11/02/1984 assig		e was filed with the a document number			nent o	f State on
adopts the following certificate of amenda	ment to its	certificate of limited	l partne	rship.		
This amendment is submitted to amend the fol	lowing:					
A. If amending name, <u>enter the new name here</u> :	of the limit	ted partnership or li	mited li	ability li	<u>mited</u>	partnershig
New name must be d	istinguishable	e and contain an accepta	ble suffi	x.		
Acceptable Limited Partnership suffixes: Limited i Acceptable Limited Liability Limited Partnership .				o, L.L.L.P	or LL	LP.
B. If amending mailing address and/or principal office address here:	principal	office address, <u>ent</u>	er new	mailing	addr	ess and/or
New Principal Office Addre		o TM Associates Devel			,	_
(Must be STREET address)		375 Piccard Drive, Suite		• ,	زير:	_
	Re	ockville, Maryland 2085	50	1.0 oc		_
New Mailing Address:	c/e	o TM Associates Develo	onment	00 CO 00 CO 00 CO 00 CO	2	Ë i t
(May be post office box)		175 Piccard Drive, Suite	•	1,(0	Q	
	Re	ockville, Maryland 2085	50	FE	क्ष	
C. If amending the registered agent and/or registered agent and/or the new registered or			records,	enter th	e nam	e of the new
Name of New Registered Agent:	Universal I	Registered Agents, Inc.				_
New Registered Office Address:	1317 Califo	ornia Street Enter Florida st	المارية المراجعة			_
		Enter Pioriaa si	reei ada	ress		
	Tallahassee		_, Florid			_
		City		Zip Ce	ode	

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.

Sharon Gray
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>	Name	Address	Type of Action
	MARG Florida Holdings LLC	c/o TM Associates Development 1375 Piccard Drive, Suite 375 Rockville, Maryland 20850	Add □ Remove
	Pamela Borton	1006 Grove Street Clearwater, Florida 33755	Add _ ■ Remove
			
			Add Remove
			☐ Add Remove
			FAIR Reipove

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 of filing: Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department inte.) For: If the date inserted in this black does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. **NOTE: Only one current 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 emoving a "limited liability limited partnership" election statement. Chapter 620, F.S., requires all general partners to swhen adding or removing a "limited liability limited partnership" election statement. MARG FLORIDA HOLDINGS LLC By: Fourth. Margolis, Manager **Signature(s) of all new or dissociating general partner(s), if any: PAMELA K. BORTON (Dissociating General Partner) By: Fund B. Margolis, Manager **House B. Margolis, Manager **Filing Fee: \$52.50 Certified Copy (optional): \$52.50		
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