A19000000165

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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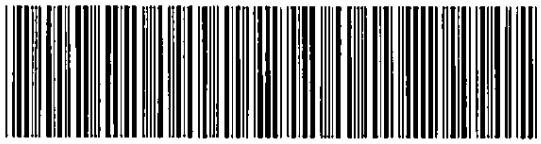

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DIVISION OF CORPORATIONS

TALLAHASSEE, FLORIDA

D SCOTT

MAY 16 2019

COGENCYGLOBAL

115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
866.625.0838
COGENCYGLOBAL.COM

Account#: I20000000088

Date: May 15, 2019

Name: KEN HOWELL

Reference #: 1082239

Entity Name: 8307 LOCKWOOD RIDGE ROAD LP

☐ Articles of Incorporation/Authorization to Transact Business

☑ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other _____

ISSUES? CALL KEN:
518-213-0738

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TALLAHASSEE, FLORIDA

Authorized Amount: $52.50 - Already Deducted

Signature: _____

FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 15, 2019

COGENCY

,

SUBJECT: 8307 LOCKWOOD RIDGE ROAD LP
Ref. Number: A19000000165

We have received your document for 8307 LOCKWOOD RIDGE ROAD LP and the authorization to debit your account in the amount of $52.50. However, the document has not been filed and is being returned for the following:

The document submitted is incomplete, missing page 1 of document. The cover page does not act as page 1.

The document must be signed by a current general partner, if any, and by each newly designated general partner(s).

The document must be signed by the dissociating general partner unless the document states the general partner is deceased or a guardian or general conservator has been appointed or the general partner previously filed a Statement of Dissociation with the Florida Department of State.

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.

Karen A Saly
Regulatory Specialist II

Letter Number: 819A00009751

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 8307 LOCKWOOD RIDGE ROAD LP
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:

TRICIA A. MERCADO
Contact Person

AKERMAN LLP
Firm/Company

350 EAST LAS OLAS BOULEVARD SUITE 1600
Address

FORT LAUDERDALE FL 33301
City, State and Zip Code

TRICIA.MERCADO@AKERMAN.COM
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

TRICIA A. MERCADO at (954) 759-8964
Name of Contact Person — 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

8307 LOCKWOOD RIDGE ROAD LP

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 12, 2019, assigned Florida document number A19000000165, 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.

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TALLAHASSEE, FLORIDA

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:

Title	Name	Address	Type of Action
GP	MICHAEL SERRUYA	210 SHIELDS COURT MARKHAM, ON, L3R 8V2, CA	☐ Add ■ Remove
GP	9311VDV GP, INC.	210 SHIELDS COURT MARKHAM, ON, L3R 8V2, CA	■ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

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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.)*

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.)

Note: If the date inserted in this block 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.

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.)

Tricia A. Hercules

Authorized Representative of GP

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

Tricia A. Hercules

Authorized Representative of GP

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Filing Fee:	$52.50
Certified Copy (optional):	$52.50
Certificate of Status (optional):	$8.75