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D CUSHING

COVER LETTER

TO: Registration S Division of C				
700) Plac	ntation 2019, L.P.			
SUBJECT:		tnership or Limited Lic	ability Limited Partnership	—
The enclosed Certific	rate of Amendment a	nd fee(s) are submi	tted for filing.	
Please return all corr	espondence concernii	ng this matter to:		
Marc D. Kleiner, Esq.				
-	Contact Person			
Kleiner Law Group				
	Firm/Company			
2875 NE 191 Street #70.	3A			
•	Address			6 3
Aventura, FL 33180				20 JAN
	ity, State and Zip Code			2
mkleiner@kleinerlawgr	oup.com			-2
E-mail address: (to	be used for future annual	report notification)]] []
For further informati	on concerning this ma	atter, please call:		ယ မာ
Marc D. Kleiner		at ()_	517-1392 x 1	
Name of Contac	ct Person	Area Code and	Daytime Telephone Number	
Enclosed is a check f	or the following amo	unt:		
□ \$52.50 Filing Fee	☐\$61.25 Filing Fee and Certificate of Status	□\$105.00 Filing F and Certified Copy		
Mailing Address: Registration Section Division of Corporat P.O. Box 6327	ions	Division	ddress: tion Section of Corporations tre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

TO CERTIFICATE OF LIMITED PARTNERSHIP

CERTIFICATE OF AMENDMENT OF

7001 Plantation 2019, L.P.		工
Insert name cur	rently on file with Florida Depar	tment of State بب
		9
Pursuant to the provisions of section 62 imited liability limited partnership, who 04/30/2019, ass		h the Florida Department of State of
dopts the following certificate of amen		
This amendment is submitted to amend the f	following:	
A. If amending name, <u>enter the new namere:</u>	ne of the limited partnership	or limited liability limited partnersh
New name must be	distinguishable and contain an a	cceptable suffix.
teceptable Limited Partnership suffixes: Limite teceptable Limited Liability Limited Partnersh		
 If amending mailing address and/ principal office address here: 	or principal office address	s, enter new mailing address and/o
New Principal Office Add (Must be STREET address)	lress:	
New Mailing Address: (May be post office box)		
C. If amending the registered agent and/oregistered agent and/or the new registered		n our records, <u>enter the name of the no</u>
Name of New Registered Agent:	Kleiner Law Group	
New Registered Office Address:	2875 NE 191 Street, #703A Enter Floi	rida street address
	Aventura	. Florida 33180
	City	Zip Code

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

added or removed from our records:

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
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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
	L190003060	$\mathcal{E}^{\mathcal{F}}$	
	N Form Development GP, LLC	18201 Collins Ave #3909A Sunny Isles Beach, FL 33160	
	7001 Plantation, LLC	18201 Collins Ave #3909A Sunny Isles Beach, FL 33160	
		\ <u></u> \	

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

(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 information, enter ch	nange(s) here: (Attach additional sheets, if necessary.)
47.00	
Effective date, if other than the date of filing; (Effective date cannot be prior to nor more than 90 days after State.)	er the date this document is filed by the Florida Department of
Note: If the date inserted in this block does not meet the app be listed as the document's effective date on the Department	licable statutory filing requirements, this date will not of State's records
Ciamphone (a) of a manual manage 11	
Signature(s) of a general partner or all general	
(*NOTE: Only one current general partner is required to sig removing a "lipited liability limited partnership" election sta	atement. Chapter 620, F.S., requires all general partners to sign
when adding of removing a "limited liability limited partners	ship" election statement.)
4	
	
Signature(s) of all new or dissociating general pa	anthon(a) if any /
Signature(s) of an new of dissociating general pr	armer(s), if any:
THE V	
	
	-
Filing Fee: \$52.50 Certified Copy (optional): \$52.50	
Certificate of Status (optional): \$8.75	