

# A20940

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

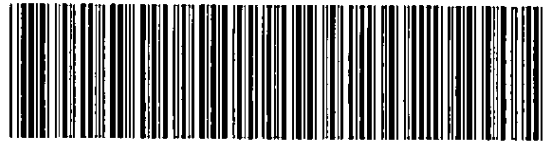
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

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100424989141

*L P Amendment*

2024 MAR -1 AM 10:11

FILED

2024 MAR -1 AM 10:11

RECEIVED

TALLAHASSEE FL 32301

A. RAMSEY

MAR 4 2024

**Sunshine State Corporate Compliance Company**

*3458 Lakeshore Drive, Tallahassee, Florida 32312*

**(850) 656-4724**

DATE 3/1/2024

**\*\*WALK IN\*\***

ENTITY NAME Smokerise Development Ltd

DOCUMENT NUMBER \_\_\_\_\_

**\*\*PLEASE FILE THE ATTACHED AND RETURN\*\***

XXXXXXXXXX

*Plain Copy*

*Certified Copy*

*Certificate of Status*

**\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY\*\***

*Certified Copy of Arts & Amendments*

*Certificate of Good Standing*

**\*\*APOSTILLE / NOTARIAL CERTIFICATION\*\***

COUNTRY OF DESTINATION \_\_\_\_\_

NUMBER OF CERTIFICATES REQUESTED \_\_\_\_\_

TOTAL OWED \$52.50

ACCOUNT #: I20160000072

*E. R. H.*

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SMOKERISE DEVELOPMENT, LTD.

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:

Teresa Shoemaker

\_\_\_\_\_  
Contact Person

Arnall Golden Gregory LLP

\_\_\_\_\_  
Firm/Company

2100 Pennsylvania Avenue, Suite 350

\_\_\_\_\_  
Address

Washington, DC 20037

202

\_\_\_\_\_  
City, State and Zip Code

teresa.shoemaker@agg.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Teresa Shoemaker

at ( 202 ) 677.4946

\_\_\_\_\_  
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

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**CERTIFICATE OF AMENDMENT  
TO  
CERTIFICATE OF LIMITED PARTNERSHIP  
OF**

FILED

2021 MAR -1 AM 10:11

NOTARIAL SEAL

SMOKERISE DEVELOPMENT, LTD.

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 10/09/1985, assigned Florida document number A20940, 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.*

**B. If amending mailing address and/or principal office address, enter new mailing address and/or principal office address here:**

<u>New Principal Office Address:</u>	<u>c/o TM Associates Development</u>
<i>(Must be STREET address)</i>	<u>1375 Piccard Drive, Suite 375</u>
	<u>Rockville, Maryland 20850</u>

<u>New Mailing Address:</u>	<u>c/o TM Associates Development</u>
<i>(May be post office box)</i>	<u>1375 Piccard Drive, Suite 375</u>
	<u>Rockville, Maryland 20850</u>

**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:**

<u>Name of New Registered Agent:</u>	<u>Universal Registered Agents, Inc.</u>
--------------------------------------	--

<u>New Registered Office Address:</u>	<u>1317 California Street</u>
	<i>Enter Florida street address</i>

<u>Tallahassee</u>	<u>, Florida 32304</u>
<i>City</i>	<i>Zip Code</i>

*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

[illegible]

☐ 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.)

MARG FLORIDA HOLDINGS LLC

By: \_\_\_\_\_

DocuSigned by:

*Robert B. Margolis*

320E988775E1480  
Robert B. Margolis, Manager

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

SOUTHWIND SMOKERISE INVESTMENTS, LLC  
(Dissociating General Partner)

By: \_\_\_\_\_

Pamela K. Borton, Manager

MARG FLORIDA HOLDINGS LLC  
(New General Partner)

By: \_\_\_\_\_

DocuSigned by:

*Robert B. Margolis*

320E988775E1480  
Robert B. Margolis, Manager

Filing Fee: \$52.50

Certified Copy (optional): \$52.50

Certificate of Status (optional): \$8.75

**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.)

MARG FLORIDA HOLDINGS LLC

By:

Robert B. Margolis, Manager

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

SOUTHWIND SMOKERISE INVESTMENTS, LLC  
(Dissociating General Partner)

By:

DocuSigned by:  
*Pamela K. Borton*  
67125F170D67401  
Pamela K. Borton, Manager

MARG FLORIDA HOLDINGS LLC  
(New General Partner)

By:

Robert B. Margolis, Manager

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