

A210000000550

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

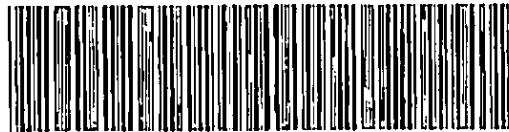
(Document Number)

Certified Copies _____

Certificates of Status _____

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TALLAHASSEE, FL

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TALLAHASSEE, FLORIDA

Y SULKER

OCT 15 2021

FLORIDA CAPITAL COURIER SERVICE, INC

2950 CLARE DRIVE

WALLAHASSEE, FL 32309

(850) 524-5437

(850) 524-6243

PLEASE USE FUNDS FROM ACCT: 120210000160

AMOUNT: 52.50

Authorized Signature: James R. Fullin

YOUSAN HOLDINGS II, LLP A21000000550

Corporation Name & Document Number, (if known):

(Business Name)

Document#

☐ Walk in

☐ Pick up time _____

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certified Copy of Articles of Organization

☐ Certificate of Status

NEW FILINGS

☐ Profit

☐ Not for Profit

☐ Limited Liability

☐ Domestication

☐ Other

☐ CORP

AMMENDMENTS

☐ Amendment

☐ Resignation of R.A. Officer/Director

☐ Change of Registered Agent

☐ Dissolution/Withdrawal

☐ Merger

☐ Conversion

OTHER FILINGS

☐ Annual Report

☐ Fictitious Name

☐ APOSTIL. () _____
Country

REGISTRATION/QUALIFICATIONS

☒ Foreign filing

☒ Limited Partnership

☐ Reinstatement

☐ Other

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: YOUSAN HOLDINGS II LLLP

Name of Limited Partnership or Limited Liability Limited Partnership

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Sandra Z. Green, Esq.

Contact Person

JONATHAN H. GREEN & ASSOCIATES, P.A.

Firm/Company

901 Ponce de Leon Boulevard, Suite 601

Address

Coral Gables, Florida 33134

City, State and Zip Code

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

For further information concerning this matter, please call:

Sandra Z. Green

at (305) 372-5100

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

FILED
2021 OCT 14 AM 10:45
SECRETARY OF STATE
TALLAHASSEE, FL

**STATEMENT OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED PARTNERSHIP
OR
LIMITED LIABILITY LIMITED PARTNERSHIP**

FILED
2021 OCT 14 PM 10:45
SECRETARY OF STATE
TALLAHASSEE, FL

YOUSAN HOLDINGS II LLLP

Insert name currently on file with Florida Department of State

A21000000550

Florida Document Number of Limited Partnership or Limited Liability Limited Partnership

Pursuant to the provisions of section 620.1207, Florida Statutes, this limited partnership or limited liability limited partnership submits the following statement of correction.

FIRST: The reason for filing this statement of correction is:

☒ The record contained false or erroneous information.

☐ The record was defectively signed.

SECOND: This statement corrects Certificate of Limited Partnership

Specify document type being corrected

filed with the Florida Department of State on 10/05/2021

Insert date document filed with Dept. of State

THIRD: The false or erroneous information or defect is as follows:


Erroneous Information: Name of Limited Partnership: YOUSAN HOLDINGS II LLLP

FOURTH: The false or erroneous information or defect is corrected as follows:

Erroneous Information Corrected: Name of Limited Partnership: MORESHET LLLP

Signature of a general partner*:

*(*Note: If adding or deleting an election to be a limited liability limited partnership statement, all general partners must sign. If adding additional general partner(s), the new general partner(s) must sign).*



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

Signature of new registered agent, if applicable : (NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation below)

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.

Signature of Registered Agent

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