A22419

'	
(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	—
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08 NUG 25 PH 1: 3 SECRETARY OF STATE TALLAHASSEF ELOSIN

T. HAMPTON

AUG 26 2008

EXAMINER

COVER LETTER

Division of Co			
SUBJECT: FIGUE			
(Nan	ne of Florida Limited Part	nership or Limited Liability	y Limited Partnership)
The enclosed Certific	ate of Amendment ar	nd fee(s) are submitted	for filing.
Please return all corre	espondence concernin	g this matter to:	
,			
RICARDO BICHARA	(Contact Person)		
	,		
BICHARA, CEBALLOS	& HEVIA (Firm/Company)		•
1405 SW 107 AVENUE	, SUITE 301-B (Address)		
•	(Address)		
MIAMI, FLORIDA 3317			
(0	City, State and Zip Code)		
For further information	on concerning this ma	atter, plcase call:	
RICARDO BICHARA			-6748
(Name of Conta	ct Person)	(Area Code and D	aytime Telephone Number)
Enclosed is a check f	or the following amou	unt:	_
552.50 Filing Fee	☐\$61.25 Filing Fee and Certificate of Status	S105.00 Filing Fee and Certified Copy	S113.75 Filing Fee, Certified Copy, and Certificate of Status
STREET ADDRESS	S:	MAILING A	ADDRESS:
Registration Section		Registration	
Division of Corporati	ions	Division of C	
Clifton Building 2661 Executive Cent	er Circle	P. O. Box 63 Tallahassee,	
Tallahassee, FL 323		i manasco,	

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

FIGUEREDO CENTER LTD	
(Insert name currently on file	with Florida Department of State)
Pursuant to the provisions of section 620.1202, Floatimited liability limited partnership, whose certificate APRIL 23, 1986, assigned Floriadopts the following certificate of amendment to its	ate was filed with the Florida Department of State on ida document number A22419
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin	nited partnership or limited liability limited partnership
UNIVERSITY CENTER NORTH LTD	
(New name must be distinguisha	ble and contain an acceptable suffix.)
Acceptable Limited Partnership suffixes: Limited Partnershi Acceptable Limited Liability Limited Partnership suffixes: Li	
B. If amending mailing address and/or princip <u>principal office address here</u> :	al office address, enter new mailing address and/or
New Principal Office Address:	
(Must be STREET address)	
New Mailing Address: (May be post office box)	
C. If amending the registered agent and/or register new registered agent and/or the new registered office	red office address on our records, enter the name of the address here:
Name of New Registered Agent:	
New Registered Office Address:	(Enter Florida street address)
	Florida FT
	(City) (Zip (Zip (Zip Z

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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:

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add □ Remove
			Add Remove
			AUS 25
			C. F. STARE
			Add Remove
			□ Add □ Remove

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 Partners	I LIADUUV LIMITEA PARTICESNII	ers	Itners	tershii	hin	, her	cpv	elects	g to b	DC 8	"Limite	O Li	ability	/ Limite	d Partn	ershi
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(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.

·			
Effective due if other thus the dat	e of Gling:		
Effective date, if other than the date (Effective date cannot be prior to nor mor	e than 90 days afte	r the date this docume	nt is filed by the Florida Department of
State.)	-		
Signature(s) of a general partner	or all general	narthers*:	
			aka Umita Lagamanaki laga 112 a a
(*NOTE: Only one current general partnermoving a "limited liability limited partnermoving a "limited liability limited liability".	iership" election sta	itement. Chapter 620,	F.S., requires all general partners to sig
Andelin Anlow	ran		
GUDELIA SALMAN, DA CSR MANAGEMENT IN	RESIDENT	Ore	
CSR MANAGEMENT LECK	: - GENERAL	<i>-</i> / <i>x</i>	
	,		
Signature(s) of all new or dissoci	<u>iating general r</u>	oartner(s), if any:	
		<u></u>	
Filing Fee: Certified Copy (optional):	\$52.50 \$52.50		Z .v. ** 0

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