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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEOPOLD KORN & LEOPOLD, P.A.

Account Number : I20010000025 Phone : (786)899-2235

Fax Number

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LP/LLLP AMENDMENT/RESTATEMENT/CORRECTION FORESTDALE PLAZA LP

Certificate of Status	1
Certified Copy	0
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Help

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

	OF		
FORESTD	ALE PLAZA LP		
Insert name currently on file		State	
Pursuant to the provisions of section 620.1202, Flo limited liability limited partnership, whose certifica October 14, 2024 assigned Floriadopts the following certificate of amendment to it	ite was filed with the Fl da document number <u>A</u>	orida Department 24000000534	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited partnership or lim	ited liability limited	partnership
FORESTDAI	LE SQUARE LP		
New name must be distinguisha		e suffix.	
Acceptable Limited Partnership suffixes: Limited Partnership Acceptable Limited Liability Limited Partnership suffixes: Li		nership, L.L.L.P. or Li	LLP.
B. If amending mailing address and/or principal principal office address here:	al office address, <u>enter</u>	new mailing add	ress 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 registered registered agent and/or the new registered office additional agent and/or registered agent a		cords, enter the nar	ne of the new
Name of New Registered Agent:			<u>;-3</u>
New Registered Office Address:			<u> </u>
	Enter Florida stre	et address	• •
		Florida	C) .
	City	Zip Code	
			1.5

No. 0663 P. 3

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.

<u>le</u>	Name	<u>Address</u>	Type of Action
			Add
			
			
			Add
_			☐ Remove
			□ Remove
		-	

F. If amending any other info	rmation, enter cha	inge(s) here: (Attach additional sheets, if necessary.)
	le of filing: re than 90 days after	the date this document is filed by the Florida Department of
State.) Note: If the date inserted in this block dobe listed as the document's effective date		cable statutory filing requirements, this date will not of State's records.
Signature(s) of a general partner	r or all goneral n	grtners*·
(" <u>NOTE:</u> Only one current general parts	ner is required to sign nership" election state	n this document unless the limited partnership is adding or soment. Chapter 620, F.S., requires all general partners to sig
1.02		
April Pelog (Oct 18, 2624 to:42 807)	<u> </u>	
Ami Peleg, as President of P MANAGEMENT CORP., Ger	<u>neral Pa</u> rtner	
· · · · · · · · · · · · · · · · · · ·	-	
		
Signature(s) of all new or dissoci	iating general pa	rtner(s), if any:
	<u></u>	
		
Cilina Casa	¢£2 £0	
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