

A24589

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



PICK-UP



WAIT



MAIL

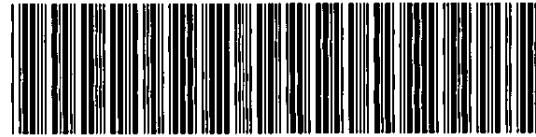
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400271347054

RECEIVED  
15 MAY -4 PM 4:24  
DIVISION OF CORPORATIONS

15 MAY -4 PM 1:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

MAY - 5 2015  
T. HAMPTON

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 615847 10463A

AUTHORIZATION

COST LIMIT \$ 52.50

ORDER DATE : May 4, 2015

ORDER TIME : 3:39 PM

ORDER NO. : 615847-005

CUSTOMER NO: 10463A

FOREIGN FILINGS

NAME: ARBERN INVESTORS III, L.P.

☐ CORPORATE  
☒ LIMITED PARTNERSHIP  
☐ LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY  
☒ PLAIN STAMPED COPY  
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Lydia Cohen -- EXT#

EXAMINER: \_\_\_\_\_

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ARBERN INVESTORS III, L.P.  
Name of Foreign Limited Partnership or Limited Liability Limited Partnership

The enclosed amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

RALPH REICHENBAUM  
Contact Person

ARBERN INVESTORS III, L.P.  
Firm/Company

310 YAMATO ROAD, SUITE 3101  
Address

BOCA RATON, FLORIDA 33431  
City, State and Zip Code

rr@stoltzcompanies.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ralph Reichenbaum at ( 561 ) 998-3311  
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

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**AMENDMENT TO CERTIFICATE OF AUTHORITY  
FOR  
FOREIGN LIMITED PARTNERSHIP OR  
LIMITED LIABILITY LIMITED PARTNERSHIP**

1. The name of the limited partnership or limited liability limited partnership as it appears on the records of the Florida Department of State is:

ARBERN INVESTORS III, LTD.

2. The jurisdiction of its formation is: DELAWARE

3 The date the entity was authorized to transact business in Florida is: 05/29/1987

4. If the amendment changes the name of the limited partnership or limited liability limited partnership, enter the new name:

ARBERN INVESTORS III, L.P.

*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.*

5. If the amendment changes the general partner(s), list the name and business address of each general partner:

Name:

Business Address:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

45 MAY -4 PM 1:45

APPROVED  
FILED

6. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

7. If the amendment corrects any false statement listed in the application, indicate the statement being corrected and the correction:

AT THE TIME THE LIMITED PARTNERSHIP WAS FILED WITH FLORIDA  
THE USE OF "L.P." WAS PROHIBITED.

8. If the amendment is to add or delete an election to be a limited liability limited partnership statement, check the appropriate box:

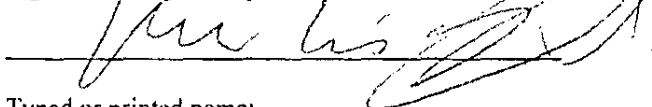
☐ The entity elects to be a limited liability limited partnership.

☐ The entity is no longer a limited liability limited partnership.

9. Attached is an original certificate, no more than 90 days olds, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

10. 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.)

Signature of a general partner:



Typed or printed name:

MORRIS L. STOLTZ, II

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

APPROVED  
AND  
FILED  
15 MAY -4 PM 1:45  
STATE  
OF FLORIDA  
TALLAHASSEE