

FEB/23/2012/THU 11:01 AM

Division of Corporations

No.

P. 001

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A 24983

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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((H12000048288 3)))



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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

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Account Number : 076150002103  
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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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LP/LLP AMENDMENT/RESTATEMENT/CORRECTION  
MILES CORNER, LTD.

Certificate of Status	0
Certified Copy	1
Page Count	06
Estimated Charge	\$105.00

12 FEB 23 AM 8:55  
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B. BOSTICK

FEB 24 2012

EXAMINER

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FAX No.

P. 002

Fax Audit No: H12000048288 3

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

**MILES CORNER, 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 08/04/1987 AS AMENDED, assigned Florida document number A24983, 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 LLIP.*

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

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 office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

\_\_\_\_\_

New Registered Office Address:

\_\_\_\_\_

Enter Florida street address

\_\_\_\_\_, Florida

City

Zip Code

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ALLA HASSER FLORIDA

**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>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> 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 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.)**

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F. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

SEE ATTACHED

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(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.)

MILES CORNER, INC.

By

*Evelyn Langford Greer*  
Evelyn Langford Greer, President

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

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

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- F. Section 2 of the First Amended and Restated Certificate of Limited Partnership (the "Certificate") of Miles Corner Ltd (the "Partnership") shall be deleted in its entirety and replaced with the following: "Subject to the terms and conditions of the Partnership Agreement, the character of the business to be conducted by the Partnership is to acquire, lease, manage, control, own, hold, mortgage or sell or otherwise dispose of real property and related personal property thereto".

Section 3 of the Certificate shall be amended so that the mailing address for the limited partnership shall be 5900 SW 97<sup>th</sup> Street, Miami, FL 33156.

Section 4 of the Certificate shall be amended so that the name and place of business of the sole General Partner shall be Miles Corner, Inc., 5900 SW 97<sup>th</sup> Street, Miami, FL 33156. Furthermore, the Affidavit attached to the Certificate shall be deleted in its entirety and replaced with the Affidavit attached hereto as Exhibit "A".

Section 6 of the Certificate shall be amended so that the term of the Partnership shall be extended and shall continue until January 1, 2050, unless sooner terminated pursuant to the Partnership Agreement.

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## EXHIBIT "A"

AFFIDAVIT OF GENERAL PARTNER OF  
MILES CORNER, LTD.

STATE OF FLORIDA

COUNTY OF MIAMI-DADE

Evelyn Langlieb Greer, being duly sworn, states:

1. I am the President of Miles Corner, Inc., a Florida corporation, which is the general partner of Miles Corner, Ltd., a Florida limited partnership. I give this Affidavit under oath in accordance with the requirement of the Florida Uniform Limited Partnership Act.

2. The following accurately represents the name, address, capital contribution and percent of Limited Partnership of each limited partner:

Limited PartnerPercentage of Profits

Five Chiefs, LLC  
2400 S. Dixie Highway  
Suite 200  
Miami, FL 33133

87%

MILES CORNER, INC., a Florida corporation

By: Evelyn Langlieb Greer  
Evelyn Langlieb Greer

STATE OF FLORIDA

COUNTY OF MIAMI-DADE

The foregoing instrument was acknowledged before me this 23 day of February 2012 by Evelyn Langlieb Greer, as President of Miles Corner, Inc., a Florida corporation, on behalf of said corporation. She is either ☐ personally known to me or ☐ has produced \_\_\_\_\_ as identification.

Elizabeth Ancrum  
NOTARY PUBLIC, STATE OF FLORIDA  
Print Name: \_\_\_\_\_

My Commission expires:

G:\Miles\Greer\Miles Corner Refinanced\AFFIDAVIT OF GENERAL PARTNER OF MILES CORNER, INC.  
ELIZABETH ANCRUM  
MY COMMISSION # EE 158221  
EXPIRES: January 9, 2016  
Bonds Thru Budget Notary Service