A32797

(Re	questor's Name)			
(Address)				
(Address)				
(Cit	y/State/Zip/Phone :	#)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
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FLORIDA DEPARTMENT OF STATE Division of Corporations

March 20, 2017

JONATHAN SATTER PO BOX 1625 WEST PALM BEACH, FL 33402

SUBJECT: PEMS PARTNERSHIP, LTD.

Ref. Number: A32797



We have received your document for PEMS PARTNERSHIP, LTD. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia I Simmons Regulatory Specialist II

Letter Number: 117A00005228

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Pens Partnership Ltd. Name of Florida Limited Partnership or Limited Liability Limited Partnership
The enclosed Certificate of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
Jonathan Satter
Jonathan Satter Contact Person PEMS Partnership Ltd Firm/Company
P.O.Box 1625 Address
Address West Palm Beach FC 33402 City, State and Zip Code
lorrie. 300TT @ QVI 30n young. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Lorne Scott at (564) 721-7026 Name of Contact Person Area Code and Daytime Telephone Number
Name of Contact Person Area Code and Daytime Telephone Number Enclosed is a check for the following amount:
\$52.50 Filing Fee and Certificate of Status \$105.00 Filing Fee S13.75 Filing Fee, Certified Copy, and Certificate of Status
STREET ADDRESS: Registration Section Division of Corporations Clifton Building P. O. Box 6327 2661 Executive Center Circle Tallahassee, FL 32301 MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

YEMS Tartrership	
Insert name curren	tly on file with Florida Department of State
limited liability limited partnership, whose 04/08/1992, assign	202, Florida Statutes, this Florida limited partnership or certificate was filed with the Florida Department of State on ned Florida document number
	· · · · · · · · · · · · · · · · · · ·
This amendment is submitted to amend the following	owing:
A. If amending name, enter the new name here:	of the limited partnership or limited liability limit pa zersh.
. New name must be dis	stinguishable and contain an acceptable suffix.
Acceptable Limited Partnership suffixes: Limited F Acceptable Limited Liability Limited Partnership s	Partnership, Limited, L.P., LP, or Ltd. uffixes: Limited Liability Limited Partnership, L.L.L.P. or LLL
B. If amending mailing address and/or principal office address here:	principal office address, enter new mailing address and/or
New Principal Office Addre (Must be STREET address)	Suite 500 West Palm Beach FL 33401
New Mailing Address: (May be post office box)	P.O.Box 1625 West Palm Brach FC 33402
C. If amending the registered agent and/or new registered agent and/or the new register	registered office address on our records, enter the name of the red office address here:
Name of New Registered Agent:	Jonathan R. Satter
New Registered Office Address:	312 Clematis Street Suite 500 Enter Florida street address
	Westfalm Beach, Florida 33401

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
	Usnathan Satter	312 Clematis Street Scute 500 West Palm Black FC	
	Ben Kennedy	#36 Boca Raton FC 3348	Add Remove
			Add Remove
			_ □ A ⁴ · □ Re ve i
·			Adı
			Add Ren 'e
	partnership or limited liabilit ip" status, enter change here:	y limited partnership is amen	ding its "limited liability
This Limite	d Partnership hereby elects to be	a "Limited Liability Limited Pa	artnership."
This Limite	d Partnership hereby removes its	s "Limited Liability Limited Par	rtnership" status.

(NOTE: If adding or removing" limited liability limited partnership" status, all general partners must sign this amendment.)

F. If amending any other info	rmation, enter	change(s)) here: (Attach additional sheets, if necessary.)
	·		. 44
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Effective date, if other than the date (Effective date cannot be prior to nor most State.)	te of filing: <u>Wa</u> re than 90 days a	fier the dat	te this document is filed by the Florida Department o
Signature(s) of a general partne	r or all genera	ıl partne	ers*:
	nership" election	statement.	ocument unless the limited partnership is adding or Chapter 620, F.S., requires all general partners to significant statement.)
			3/30//

Signature(s) of all new or dissoci	ating general	nartner(r(s), if any:
SIGNATURE OF WARRIES			<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
		•	
	 		
			
Eiling Foot	852 5 0		
Filing Fee: Certified Copy (optional):	\$52.50 \$52.50		
Certificate of Status (optional):	\$8.75		