

A 32797

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

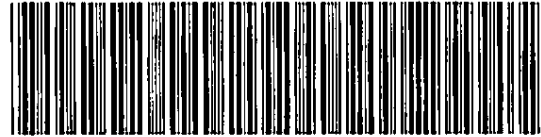
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900346083579

06/26/2018 01:00:00 **52.50

2018

10:12:44

Amend

OCT 20 2020

ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PEMS 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:

GARY GOTTLIEB

Contact Person

PEMS PARTNERSHIP, LTD.

Firm/Company

P.O. Box 1625

Address

WEST PALM BEACH, FL. 33402

City, State and Zip Code

LORIE SCOTT@AVISOUYOUNG.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LORIE SCOTT

Name of Contact Person

at (561) 721-7026

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

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



RECEIVED
OCT 06 2020
SCANNED

FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 29, 2020

GARY GOTTLIEB
P.O. 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):

done ✓ You failed to make the correction(s) requested in our previous letter.

✓ The document must be signed by all of the general partners.

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) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 420A00018682

RECEIVED

AUG 28 2020



2020 SEP 01 PM 2:07

FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 12, 2020

GARY GOTTLIEB
P.O. 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):

The document must be signed by all of the general partners.

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) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 220A00015230

2020-10-19 PM 12:46

CERTIFICATE OF AMENDMENT
TO
CERTIFICATE OF LIMITED PARTNERSHIP
OF

PEMS PARTNERSHIP, 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 04/08/1992, assigned Florida document number A32797, 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 LLLP.

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)

312 CLEMATIS STREET
STE 500
WEST PALM BEACH, FL 33401

New Mailing Address:
(May be post office box)

P.O. Box 1625
WEST PALM BEACH, FL 33402

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:

GARY GOTTLIEB

New Registered Office Address:

312 CLEMATIS ST. STE 500

Enter Florida street address

WEST PALM BEACH, Florida 33401
City Zip Code

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>
_____	GARY GOTTLIEB	312 CLEMATIS STREET SUITE 500 WEST PALM BEACH, FL 33401	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
_____	JONATHAN SATTER	312 CLEMATIS STREET SUITE 500 WEST PALM BEACH, FL 33401	<input type="checkbox"/> Add <input checked="" 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.)*

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

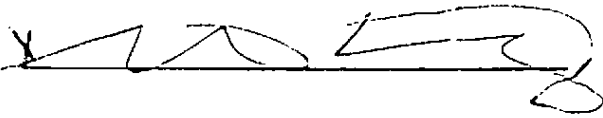
Effective date, if other than the date of filing: _____

(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

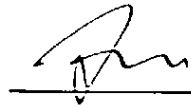
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.)



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