

A32965



March 11, 2016

FLORIDA DEPARTMENT OF STATE
Division of Corporations

GULL HOUSE LIMITED NO. 3
1553 SAN IGNACIO AVENUE
CORAL GABLES, FL 33146

SUBJECT: GULL HOUSE LIMITED NO. 3
REF: A32965

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet. Document is incomplete. Please complete the document correctly.

The document must be signed by the dissociating general partner unless the document states the general partner is deceased or a guardian or general conservator has been appointed or the general partner previously filed a Statement of Dissociation with the Florida Department of State.

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.

Jenna D Harris
Regulatory Specialist II

FAX Aud. #: H16000062729
Letter Number: 016A00003054

P.O. BOX 6327 - Tallahassee, Florida 32314

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000062729 3)))



H160000627293ABC0

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From: Account Name : CORP USA
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LP/LLP AMENDMENT/RESTATEMENT/CORRECTION
GULL HOUSE LIMITED NO. 3

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$52.50

107796

Electronic Filing Menu

Corporate Filing Menu

Help

K. SALLY
EXAMINER

MAR 16

re fax
3/15/16

2016 MAR 15 PM 2:55

2016 MAR 10 AM 8:18

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TALLAHASSEE, FLORIDA

TALLAHASSEE, FLORIDA

leave file
on the day that
was fax 3/10/16

5

116000062729

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GULL HOUSE LIMITED NO. 5
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:

Seymour N. Singer, Esq.

Contact Person

Seymour N. Singer, P.A.

Firm/Company

7401 Wiles Road, Suite 230

Address

Coral Springs, Florida 33067

City, State and Zip Code

seymour@seymournsingerpa.com

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

For further information concerning this matter, please call:

Seymour N. Singer

at (954)

509-3807

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

CERTIFICATE OF AMENDMENT
TO
CERTIFICATE OF LIMITED PARTNERSHIP
OF

GULL HOUSE LIMITED NO. 5

Insert name currently on file with Florida Department of State

FILED
2016 MAR 10 AM 8:18
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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 MAY 21, 1992, assigned Florida document number A32965, 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.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)

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

City

Florida

Zip Code

FILED
2016 MAR 10 AM 8:18
CLERK OF STATE
TALLAHASSEE, 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.)

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

The General Partner of the Partnership (VALLE FAMILY PROPERTIES, INC.) has been merged with and into CAVAL REAL ESTATE MANAGEMENT CORP., a Florida corporation, as of December 22, 2015, whose address remains 1553 San Ignacio Avenue, Coral Gables, FL 33146.

Section 7 of the original Certificate of Limited Partnership is amended to provide that the
existence of the Partnership shall be perpetual unless terminated as provided in the
Agreement of Limited Partnership.

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.)

CAVAL REAL ESTATE MANAGEMENT CORP.,
successor by merger with **VALLE FAMILY PROPERTIES,**
INC., a Florida corporation

By:

Jose Valle, President

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

VALLE FAMILY PROPERTIES, INC.

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