

**A33529**

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.**

((H13000145069 3)))



H130001450693ABC\$

**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 : KRAMER, GREEN, ZUCKERMAN, GREENE & BUCHSBAUM, P.A.  
Account Number : 073707002173  
Phone : (954) 966-2112  
Fax Number : (954) 981-1605

*NC  
Amend*

**\*\*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  
SC & HC HOLDINGS, LTD.**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$52.50

RECEIVED  
13 JUN 26 PM 12:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2013 JUN 26 AM 9:00  
FILED  
TALLAHASSEE, FLORIDA  
CLERK OF STATE

J. SAULSBERRY  
EXAMINER

Electronic Filing Menu Corporate Filing Menu

Help

JUN 27 2013

(((H13000145069 3)))

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SC & HC Holdings, 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:

Robert M. Kramert

Contact Person

Kramer, Green et al

Firm/Company

4000 Hollywood Blvd., Suite 485

Address

Hollywood, FL 33021

City, State and Zip Code

rkramer@kramergreen.com

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

For further information concerning this matter, please call:

Robert M. Kramer

Name of Contact Person

at ( 954 )

966-2112

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

(((H13000145069 3)))

2013 JUN 26 AM 9:00  
FILED  
TALLAHASSEE, FL 32301  
STATE OF FLORIDA  
DEPARTMENT OF REVENUE



(((H13000145069 3)))

**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>
GP	Hans E. R. Cohn	2209 University Drive Pembroke Pines, FL 33024	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
GP	Silvia Cohn, Trustee	2209 University Drive Pembroke Pines, FL 33024	<input checked="" 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

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**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.)*

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.)

Silvia Cohn

Hans Cohn S.C.

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

Silvia Cohn

Hans Cohn S.C.

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 CLERK OF STATE  
 TALLAHASSEE FLORIDA

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

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