Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Gorporations

: (850)617-6383 Fax Number

From:

2020 JAN -6

: SERBER & ASSOCIATES, P.A. Account Name

Account Number : 120000000083 : (305)932-6262

: (305)933~9393 Fax Number

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

Email Address: GRODEVE OPMENT @ ACL COM

LP/LLLP AMENDMENT/RESTATEMENT/CORRECTION KEYSTONE CENTER PARTNERSHIP, LTD.

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Corporate Filing Menu

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Tallahassee, FL 32314

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COVER LETTER

	i		
TO: Registration Division of	Section Corporations		
	ONE CENTER PARTNE		
SUBJECTN	ame of Florida Limited Pa.	tnership or Limited Liabilit	y Limited Partnership
The enclosed Certif	icate of Amendment a	nd fee(s) are submitted	for filing.
Please return all con	Tespondence concerni	ng this matter to:	
JOANNA PLESSIS, E	SQ.		
	Contact Person		
SERBER & ASSOCIA	ATES, P.A.		
	Firm/Company		
2875 N.E. 191ST STR	EET SUITE 801		
	Address		
AVENTURA, FL 331	80		
	City, State and Zip Code		
GRODEVELOPME	NT@AOL.COM		
E-mail address:	to be used for future annua	l report notification)	
For further inform	ation concerning this r	natter, please call:	
JOANNA PLESSIS			2-6262
Name of Co	ntact Person	Area Code and Da	ytime Telephone Number
Enclosed is a chec	k for the following an	iount:	
☐ \$52.50 Filing Fee	\$61.25 Filing Fee and Certificate of Status	S105.00 Filing Fee and Certified Copy	\$113.75 Filing Fee, Certified Copy, and Certificate of Status
Mailing Address: Registration Secti Division of Corpo P.O. Box 6327	on	The Centre	

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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CERTIFICATE OF AMENDMENT TO

CERTIFICATE O	F LIMITED PARTNERSHIP
	OF
AND COMPANY OF MET DANGERSHIP IT	· · · · · · · · · · · · · · · · · · ·
KEYSTONE CENTER PARTNERSHIP, LT	file with Florida Department of State
Injury halls and the second	, ·
limited liability limited partnership, whose cer	Florida Statutes, this Florida limited partnership or ificate was filed with the Florida Department of State on lorida document number A93000000869
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 th	e limited partnership or limited liability limited partnership
here:	
New name must be disting	uishable and contain an acceptable suffix.
	Es: Limited Lidoutty Limited I Withership, 225.00 5. 225.
B. If amending mailing address and/or principal office address here:	ncipal office address, enter new mailing address and/or
New Principal Office Address: (Must be STREET address)	18205 BISCAYNE BOULEVARD SUITE 2202 AVENTURA, FL 33160
New Mailing Address: (May be post office box)	AVENTURA, FL 33160 18205 BISCAYNE BOULEVARD SUITE 2202.
C. If amending the registered agent and/or regis	stered office address on our records, enter the name of the new
registered agent and/or the new registered office	address here:
THE TOTAL SECTION AND ASSESSMENT	ARIO GROSFELD
New Registered Office Address: 18	205 BISCAYNE BOULEVARD SUITE 2202
	Enter Florida street address
A'	VENTURA Florida 33160 Zip Code
	City Zip Code

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ly with the miliar with	provisions of all statutes reli and accept the obligations of		ent.
amending for remove	the general partner(s), ente ed from our records:	er the name and business addi	ess of each general partner
<u>Title</u>	<u>Name</u>	Address	Type of Action
			☐ Add
			C Demove
	_		☐ Add ☐ Remove
			☐ Add
			☐ Add ☐ Remove
			☐ Add
f th e limit ted partne	ed partvership or limited rship" status, enter chavge	liability limited partnership	is amending its "limited li
This Lim	nited Partnership bereby elec	cts to be a "Limited Liability L	mited Partnership."
		noves its "Limited Liability Lip	

SERBER&ASSOC.

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"THE LIMITED PARTNERSHIP SHAL	L HAVE A P	erpetual D	URATION"		
		 			
					
		'			
Effective date, if other than the da	te of filing:				
(Effective date cannot be prior to nor mo	re than 90 day	s after the date	this document is	filed by the Florid	a Department
State.) Note: If the date inserted in this block do	es not meet th	d applicable sta	tutory filing requ	irements, this date	will not
be listed as the document's effective date	on the Depar	ment of State's	records.		
Signature(s) of a general partne	<u>r or all gen</u>	eral partner	<u>s*:</u>		
("NOTE: Only one current general part	tner is required	to sign this do	cument unless the	limited partnersh	p is adding or
- removing a "Emited lishility limited part	tnership elect	ion statement. I	Chapter ozu, r.s.	, requires all gener	al partners to s
when adding or removing a "limited liab	miny ilmiteo p	interstity evec	(IOII Junioniona)		
The state of the s	. C Dam				
KEYSTONE PARTNERSHIP, INC., th	ti dellera: Land				
DBY:	ľ				<u>,,,</u>
MARKO OKOSPELD, DIRECTOR					
Signature(s) of all new or dissoc	ciating gene	ral partner(s), if any:		
		}			
				<u> </u>	
_	A=0.50				
Filing Fee: Certified Copy (optional):	\$52.50 \$52.50				
Certificate of Status (optional):					