

A9400000115

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

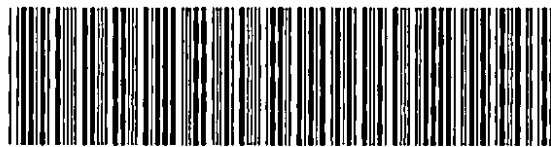
(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
2024 JUL 24 AM 10:17
STATE
CLERK OF COURT

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Celtic Knight, Ltd., a Florida limited Partnership
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:

M. Glenn Spear

Contact Person

Celtic Knight, Ltd., a Florida limited partnership

Firm/Company

P.O. Box 272523

Address

City, State and Zip Code

Boca Raton, Florida 33427

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

For further information concerning this matter, please call:

M. Glenn Spear at (305) 496-7879
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

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

**CERTIFICATE OF AMENDMENT
TO
CERTIFICATE OF LIMITED PARTNERSHIP
OF**

FILED
2024 JUL 21 AM 10:17
CLERK OF THE STATE
TREASURY

Celtic Knight, Ltd., a Florida limited partnership
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 August 16, 1994, assigned Florida document number A94000001115, 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:

N/A

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:

N/A

(Must be STREET address)

New Mailing Address:

N/A

(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:

N/A

New Registered Office Address:

N/A

Enter Florida street address

_____, Florida

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>
_____	_____	_____	<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.)*

A copy of Celtic Knight, Ltd.'s Certificate of Limited Partnership is enclosed herein for which, Section 5 of the

Certificate of Limited Partnership is hereby deleted and replaced in its entirety by the following:

5. The latest date upon which the Limited Partnership is to dissolve is January 31, 2044.

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.)

Celtic Princ, Inc. a Florida corporation



By: M. Glenn Spear, its President

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

CERTIFICATE OF LIMITED PARTNERSHIP
OF
CELTIC KNIGHT, LTD.

The undersigned, pursuant to the provisions of Section 620.108 of the Florida Statutes, hereby certify and swear in this Certificate of Limited Partnership to the following:

1. NAME.

The name of the Limited Partnership is:

CELTIC KNIGHT, LTD.

2. REGISTERED AGENT.

The name and address of the Registered Agent for the Limited Partnership is:

Simeon Spear
8350 N.W. 52 Terrace
Suite 301
Miami, Florida 33166

3. GENERAL PARTNER.

The names and business address of the general partner is as follows:

Celtic Prince, Inc.
8350 N.W. 52 Terrace
Suite 301
Miami, Florida 33166

4. MAILING ADDRESS. AND PRINCIPAL ADDRESS

The mailing address for the Limited Partnership is as follows:

Celtic Prince, Inc.
8350 N.W. 52 Terrace
Suite 301
Miami, Florida 33166

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5. DISSOLUTION DATE.

The latest date upon which the Limited Partnership is to dissolve is August 1, 2024.

IN WITNESS WHEREOF, the General Partner has caused this Certificate of Limited Partnership to be executed at Miami, Florida, this 10 day of August, 1994.

CELTIC PRINCE, INC.

By: 

Simeon Spear, President

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1994 AUG 16 PM 2:38

AFFIDAVIT

STATE OF FLORIDA)
) ss:
COUNTY OF DADE)

The undersigned General partner of CELTIC KNIGHT, LTD.
(the "Limited Partnership"), being duly sworn, deposes and says:

The total capital contributions of the limited partners
of the Limited partnership through this date is \$) and the
anticipated future capital contributions of the limited partners to
the Limited partnership is Seven Thousand Five Hundred (\$7,500.00)
Dollars.

CELTIC PRINCE, INC.

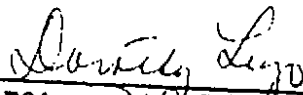
By: 

Simeon Spear, President

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1994 AUG 16 PM 2:38
CLERK OF DISTRICT COURT
DADE COUNTY FLORIDA

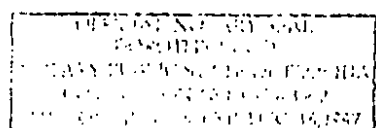
STATE OF FLORIDA)
) ss:
COUNTY OF DADE)

The foregoing instrument was subscribed and sworn to
before me by Simeon Spear, President of Celtic Prince, Inc., this
10th day of August, 1994. He is personally known to
me or has produced his Florida Driver's License as identification
and did take an oath.



Name: DOROTHY LUGO
Commission No. _____
Notary Public _____
State of Florida at Large

My commission expires:



**SUPPLEMENTAL AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A
FLORIDA LIMITED PARTNERSHIP**

The undersigned general partners of CELTIC KNIGHT, LTD.

_____, a
Florida Limited Partnership, executed this supplemental affidavit filed pursuant to section 620.112,
Florida Statutes.

The total amount of the capital contributions of the limited partners is: \$ 801,900

This 11TH day of MARCH, 2003

FURTHER AFFIANT SAYETH NOT:

*Under penalties of perjury I declare that I have read the foregoing and that the facts are true to the
best of my knowledge and belief.*

General Partner(s)

CELTIC PRINCE, INC.

03 MAR -1 PM 1:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Fees:

\$7 per \$1000, based on additional
contributions

Minimum \$ 52.50

Maximum \$1750.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314