# A95000000 706

(Req	uestor's Name)	<del>.</del>
(Add	ress)	
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(City.	/State/Zip/Phone	e #)
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## FLORIDA DEPARTMENT OF STATE Division of Corporations

April 10, 2018

JACK B OWEN, JR 4500 PGA BLVD STE 200 PALM BEACH GARDENS, FL 33418

SUBJECT: FRESHCO, LTD. Ref. Number: A95000000706

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

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.

Yasemin Y Sulker Regulatory Specialist II

Letter Number: 618A00007249

Attached see corrected documents.

MIBAPR 30 PM 2: 4 I

# **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Freshco, 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:
Jack B. Owen, Jr., Esquire  Contact Person
Jack B. Owen, Jr, P.A. Firm/Company
4500 PGA Blvd., Suite 200
Address
Palm Beach Gardens, Florida 33418
City, State and Zip Code
jowen@owenlaw.net
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Jack B. Owen, Jr., Esquire at ( 561 ) 622-4521
Name of Contact Person Area Code and Daytime Telephone Number
Enclosed is a check for the following amount:
\$52.50 Filing Fee and Certificate of Status  \$105.00 Filing Fee \$113.75 Filing Fee, Certified Copy, and Certificate of Status
STREET ADDRESS: Registration Section Division of Corporations Clifton Building P. O. Box 6327 2661 Executive Center Circle Tallahassee, FL 32314
Tallahassee, FL 32301

# CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

	eshco, Ltd.	
Insert name currently or	ı file with Florida De	partment of State
Pursuant to the provisions of section 620.1202, limited liability limited partnership, whose cert 5/05/1995, assigned F	ificate was filed v Iorida document	with the Florida Department of State on number A9500000706,
adopts the following certificate of amendment	to its certificate o	f limited partnership.
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the here:	e limited partners	hip or limited liability limited partnership
Ocean S	Sunrise FC 2,	LTD
New name must be distingu		
Acceptable Limited Partnership suffixes: Limited Partne Acceptable Limited Liability Limited Partnership suffixe	rship, Limited, L.P., s: Limited Liability L	LP, or Ltd. Limited Partnership, L.L.L.P. or LLLP.
B. If amending mailing address and/or prin principal office address here:	cipal office addr	SEC STOR
New Principal Office Address:		AHR APR
(Must be STREET address)		
New Mailing Address: (May be post office box)		SSEC FLOR
(indy be post office box)		Dr. O
C. If amending the registered agent and/or reginew registered agent and/or the new registered of		
Name of New Registered Agent:		
New Registered Office Address:	E	Florida street address
	<u>E</u> nter 1	rioriaa sireei aaaress
<del></del>	City	, Florida Zip Code
	$c_{iiy}$	∠ip Coae

## 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.

<u>itle</u>	<u>Name</u>	<u>Address</u>	Type of Action
	······································		
			Remove
		· · ·	Add Remove
		-	
<del></del>			Remove
			Add
			Remove

(NOTE: If adding or removing" limited liability limited partnership" status, all general partners must sign this amendment.)

F. If amending any other infor	mation, e	enter change(s)	here: (Attach a	dditional sheets,	if necess	ary.)
					_	
						···········
Effective date, if other than the dat	e of filing	g:				·
(Effective date cannot be prior to nor mor State.)	e than 90 c	days after the dat	te this document is	filed by the Flori	ida Depar	tment of
<del></del>					Z Z Z	12
					<b>&gt;</b>	
Signature(s) of a general partner	or all ge	<u>eneral partne</u>	<u>rs*:</u>		A S	APR
(*NOTE: Only one current general partn	er is requi	red to sign this do	ocument unless the	limited partners	hip is add	ည္ ing or
removing a "limited liability limited partn	iership" ele	ection statement.	Chapter 620, F.S.	, requires all gene	eral parine	ersee sign
when adding or removing a "limited liabil Freshco, LLC, General Partner	nty nmited	partnership" ete	ction statement.)		ر براي	<u>ထု</u>
						2
By: Clifford F. Burg, Manager	<del></del>					<del></del>
						_
<del></del>						
			<i>(</i> ) 10			
Signature(s) of all new or dissoci	ating ger	neral partner	(s), if any:			
						<del></del>
	<del></del>		*			
	· · · · · · · · · · · · · · · · · · ·					<del></del>
13.00 m	<b>MEG 50</b>					
Filing Fee: Certified Copy (optional):	\$52.50 \$52.50					
Certificate of Status (optional):	\$8.75					