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(((H150001161393)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : DUSS, KENNEY, SAFER, HAMPTON & JOOS, P.A.

Account Number: I20090000089 Phone : (904)543-4300

Fax Number : (904)543-4301

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/LLLP AMENDMENT/RESTATEMENT/CORRECTIO BAKKAR INVESTMENTS, LTD.

Certificate of Status	1
Certified Copy	1
Page Count	04
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Electronic Filing Menu

Corporate Filing Menu

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Bakkar Investments, 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:	
•	
Theresa M. Kenney, Esq	
Contact Person	
Duss Kenney Safer Hampton & Joos PA	
Firm/Company	
4348 Southpoint Blvd. Suite 101	
Address	
Jacksonville, FL 32216	
City, State and Zip Code	
tkenney@jaxfirm.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Theresa M. Kenney, Esq. at (904) 543-4300	
Name of Contact Person Area Code and Daytime Telephone Number	_
Enclosed is a check for the following amount:	
Enclosed is a check for the following amount.	
\$52.50 Filing Fee S61.25 Filing Fee and Certified Copy and Certificate of Status \$105.00 Filing Fee Certified Copy, and Certificate of Status	
STREET ADDRESS: MAILING ADDRESS:	
Registration Section Registration Section	
Division of Corporations Division of Corporations	
Clifton Building P. O. Box 6327 Tallaharran El. 22214	
2661 Executive Center Circle Tallahassee, FL 32314	



May 14, 2015

FLORIDA DEPARTMENT OF STATE
Division of Corporations

BAKKAR INVESTMENTS, LTD. PO BOX 50910 JACKSONVILLE BEACH, FL 32240

SUBJECT: BARKAR INVESTMENTS, LTD.

REF: A96000000140

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

Due to transmission problems, your faxed document or coversheet is illegible or incomplete. Please refax the document and cover sheet to this office for processing.

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Jenna D Harris Regulatory Specialist II PAX Aud. #: H15000116139 Letter Number: 815A00010095

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15 MAY 14 PM 2: 45

SECRETARY OF STATE
FALLAHASSEE, FLORIDA

2015 MAY 14 AM 9: 36 SECRETARY OF STATE

P.O BOX 6327 - Tallahassee, Florida 32314

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

Bakkar Inv	vestments, Lt	:d	
Insert name currently on fi	le with Florida Depa	artment of State	
Pursuant to the provisions of section 620.1202, F limited liability limited partnership, whose certification January 18, 1996, assigned Florida.	cate was filed wi	ith the Florida Department of State of Umber <u>A9600000140</u>	on
adopts the following certificate of amendment to	its certificate of	ilmited partnersnip.	
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the l</u> <u>here</u> :	imited partnersh	ip or limited liability limited partners	<u>ibip</u>
New name must be distinguish	nable and contain an	acceptable suffix.	_
Acceptable Limited Partnership suffixes: Limited Partnersi Acceptable Limited Liability Limited Partnership suffixes:	hip, Limited, L.P., L Limited Liability Lii	P, or Ltd. miled Partnership, L.L.L.P. or LLLP	
B. If amending mailing address and/or princi principal office address here:	pal office addre		<u>/or</u>
New Principal Office Address: (Must be STREET address)		HAY 14 AM	4
New Mailing Address: (May be post office box)		9. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3.	***************************************
C. If amending the registered agent and/or regist new registered agent and/or the new registered office Name of New Registered Agent: New Registered Office Address:	ce address here:	orida street address , Florida	<u>'the</u>
	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.

Ye am an dis = :		If Changing Registered Agent, Signa	
ed or removed	the general partner(s), enter the from our records:	te name and business address of e	ach general partuer be
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
<u>GP</u>	Wadie K. Bakkar	320 N 1st Street Suite 706 Jacksonville Bch FL 3225	Add Remove
<u>GP</u>	Muna Z. Bakkar	320 N 1st Street Suite 706 Jacksonville Bch FL 3225	Add ✓ Remove
<u>GP</u>	Ramzy W. Bakkar	320 N 1st Street Suite 706 Jacksonville Bch FL 32250	Add Remove
			Add Remove
 ,			Add Remove
			Add Remove
If the limited ted partners	partnership or limited liabi hip" status, enter change here	lity limited partnership is amend	ding its "limited liabi
7	-	be a "Limited Liability Limited Pa	rtnersbip. 5E 5E 5E
		its "Limited Liability Limited Par	75 (2) III

gnature(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 moving a "limited liability limited partnership" election statement. Chapter 620, F.S., requires all general partners to sign this document unless the limited partnership is adding or moving a "limited liability limited partnership" election statement. Remzy W. Bakkar New General Partner Sole General Partner Sole General Partner gnature(s) of all new or dissociating general partner(s), if any: Sing Fee: \$52.50 Ertified Copy (optional): \$52.50 Ertified Copy (optional): \$52.50 Ertificate of Status (optional): \$8.75				
rective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of the state of t				
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