

A96000001113

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



PICK-UP



WAIT



MAIL

(Business Entity Name)

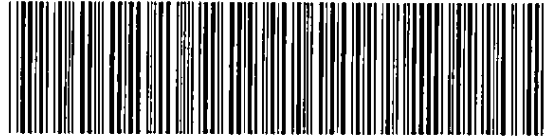
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800337019498

800337019498
11/15/19--01001--005 **\$2.50

19 NOV 14 11:03:09

19 NOV 14 AM 12:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

K. SALY
NOV 15 2019

GRAY | ROBINSON
ATTORNEYS AT LAW

301 SOUTH BRONOUGH STREET
SUITE 600
POST OFFICE BOX 11189 (32302-3189)
TALLAHASSEE, FLORIDA 32301
TEL 850-577-9090
FAX 850-577-3311

BOCA RATON
FORT LAUDERDALE
FORT MYERS
GAINESVILLE
JACKSONVILLE
KEY WEST
LAKE LAND
MEIBOURNE
MIAMI
NAPLES
ORLANDO
TALLAHASSEE
TAMPA
WASHINGTON, DC
WEST PALM BEACH

November 14, 2019

E-MAIL ADDRESS
mwilkinson@gray-robinson.com

VIA HAND DELIVERY

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Re: Woodland Business Park, Ltd. Certificate of Amendment
Our File No. 515062-66


To Whom It May Concern:

Enclosed for filing, please find this firm's check in the amount of \$52.50, and an original and one copy of a **CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP of WOODLAND BUSINESS PARK, LTD. (Document Number: A96000001113).**

Please file this Certificate of Amendment and date-stamp the copy. Additionally, please call me when the filed certificate is ready to be picked up.

Thank you for your assistance in this matter.

Sincerely,



Mari-Jo Lewis-Wilkinson
Paralegal

Enclosures
#38696386 v1

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Woodland Business Park, 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:

Bradley F. White, Esq.

Contact Person

GrayRobinson, P.A.

Firm/Company

1795 W. Nasa Blvd.

Address

Melbourne, FL 32901

City, State and Zip Code

brad.white@gray-robinson.com

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

For further information concerning this matter, please call:

Bradley F. White, Esq.

at (321) 727-8100

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

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

95-2-11-61
ALY 61
256

FILED
19 NOV 14 AM 12:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATE OF AMENDMENT
TO
CERTIFICATE OF LIMITED PARTNERSHIP
OF

Woodland Business Park, Ltd.

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 June 12, 1996, assigned Florida document number A96000001113, 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:

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:
(Must be STREET address)

New Mailing Address:
(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:

New Registered Office Address:

Enter Florida street address

_____, Florida _____
City Zip Code

FILED
19 NOV 14 AM 12:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.)

FILED
19 NOV 14 AM 12:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

F. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Section 5 of the Certificate of Limited Partnership is hereby amended by deleting it in the entirety and replacing it

with the following language: "5. The latest date upon which the limited partnership is to dissolve is December 31, 2040."

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.)

BY: CIA DEVELOPMENT, INC., general partner

By: 

Gary R. Cunningham II, 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