A96000001792

(Requestor's Name)	
(Address)	
(Address)	
(
(0), (2), (3), (4)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	—
, , , , , , , , , , , , , , , , , , ,	
(Document Number)	
(Document Namber)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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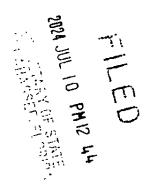


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05/03/24--01018--006 **25.00

0-120121-01013--031 **27.50



Office Use Only

400789,00524,00671 40078,00524,00671 A. RAMSEY



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 26, 2024

RECEIVE

JUL - 1 2024

JOHNA O'HARA I.C.I. SHOPPING CENTRES 3641 W. KENNEDY BLVD, SUITE A TAMPA, FL 33609

SUBJECT: TPP, LTD.

Ref. Number: A96000001792

mailed 3/3/24

We have received your document for TPP, LTD. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Page 3 was left blank. Please provide the signatures of all the new general partners and an existing general partner. Please correct the originalfiling date in the first paragraph on page 1 to 9-23-96 instead of 5-22-24.

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) 245-6050.

Annette Ramsey OPS

Letter Number: 824A00013935



May 22, 2024

CLIFF LEVY TPP, LTD 3641 W. KENNEDY BLVD, SUITE A TAMPA, FL 33609

SUBJECT: TPP, LTD.

Ref. Number: A96000001792

We have received your document for TPP, LTD. and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$27.50.

The form that you submitted is incorrect. It is for a limited liability company and your entity is a limited partnership. I have enclosed the correct form.

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) 245-6050.

Letter Number: 624A00011175

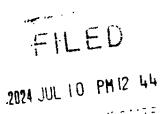
Annette Ramsey OPS

www.sunbiz.org

COVER LETTER

TO: Registration Division of C			
SUBJECT:		tnership or Limited Liability	v Limited Partnership
The enclosed Certifi	cate of Amendment a	nd fee(s) are submitted	for filing.
Please return all corr	espondence concernir	ng this matter to:	
Johna I.C.I Sho	O'HOYG Contact Person OFING CENTY Firm/Company	25	
3641 W. KEN	nedy Blvd Sui Address	K A.	
Margorici	lity. State and Zip Code	report notification)	
For further informati	on concerning this ma	atter, please call:	
Johns O Name of Conta	<u>'hara</u>	at (<u>813</u>) <u>36</u> Area Code and Dayt	63 - 800/2 ime Telephone Number
Enclosed is a check	for the following amo		·
☑ \$52.50 Filing Fee	☐\$61.25 Filing Fee and Certificate of Status	☐\$105.00 Filing Fee and Certified Copy	
Mailing Address: Registration Section Division of Corporat P.O. Box 6327 Tallahassee, FL 323		Street Addre Registration S Division of C The Centre o 2415 N. Mon Tallahassee, I	Section Corporations f Tallahassee roe Street, Suite 810

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF



TPP, Ltd.

Insert name currently on file with Florida Department of State

Pursuant to the provisions of section 620.1202, I limited liability limited partnership, whose certif 09/23/1996, assigned Flo	icate was filed	with the Florida Department of State on
adopts the following certificate of amendment to	its certificate	of limited partnership.
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the here</u> :	limited partner	ship or limited liability limited partnership
New name must be distinguis	hable and contain	an acceptable suffix.
Acceptable Limited Partnership suffixes: Limited Partners Acceptable Limited Liability Limited Partnership suffixes:		
B. If amending mailing address and/or princ principal office address here:	ipal office add	ress, enter new mailing address and/or
New Principal Office Address: (Must be STREET address)		
New Mailing Address: (May be post office box)		
C. If amending the registered agent and/or registeregistered agent and/or the new registered office ad Name of New Registered Agent:		ss on our records, <u>enter the name of the new</u>
New Registered Office Address:		Cl. · · · · · · · · · · · · · · · · · · ·
	Enter	Florida street address
	City	, Florida 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:

Title	Name	Address	Type of Action
MGR	Jordan Levy	3641 W. Kenardy Blvd Suite A. Tampa Fl, 33602	☑ Add □ Remove
MGR	Arant Levy	3041. W. Hennedy Blvd Suite A. Tamoa FL, 33602	☑ Add □ Remove
MG12	Shayla Ahern	3641 W. Kennedy Blvd Sulf A. Tumog FL 133602	☑ Add □ Remove
<u>MG12</u>	casey Altern	Suff A. Turnedy Biva	☑ Add □ Remove
			□ Add □ Remove
			☐ Add ☐ Remove

E. If the limited partnership or limited liability limited partnership is amending its "limited liability limited partnership" status, enter change here:

0	This Limited Partnership	hereby elects to be a	"Limited Liability Limi	ited 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 infor	mation, enter ch	ange(s) here: (Attach additional sheets, if necessary.)
		
		
Tecasius data ic salus also also data		
Effective date, if other than the dat (Effective date cannot be prior to nor mor State.)	e of fiffing: re than 90 days afte	er the date this document is filed by the Florida Department of
	es not meet the appl	licable statutory filing requirements, this date will not of State's records
or issed as the document s effective date	on the Department	of State's records.
Signature(s) of a general partner	or all general j	<u>partners*:</u>
(*NOTE: Only one current general partn removing a "limited liability limited partn when adding or removing a "limited liabil".	ership" election sta	on this document unless the limited partnership is adding or attement. Chapter 620, F.S., requires all general partners to signiship" election statement.)
1 Dis		
Court Levy		Clusey Athern
John Jan Jan		
heart Leva		
30		
Skayla Ahern		() ()
Signature(s) of all new or dissocia	ating general pa	artner(s), if any:
	 -	
		
		
		
Filing Fee: Certified Copy (optional):	\$52.50 \$52.50	
Certificate of Status (optional):	\$8.75	