### Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000215565 3)))



H210002155653ABC.

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

	Doing so will genera	te another cover s	heet.	## # ### * ***	,	
To:					•	
	Division of Corporations Fax Number : (850)617-	.6383				
	, (030)017	0303				
From	-	E OF PAUL A. KRA	SKER D A			
	Account Number : I20090000		CONCIL T . M.	•		
	Phone : (561)801-	-7312				
	Fax Number : (561)515	-3964		Ø.	<u> </u>	
				•	ينفظ	203
	r the email address for this				ure di Se si	<u> </u>
	r the email address for this bannual report mailings. Enter				E SE SE	NOT IS
07					ECAL (AIR	2021 JUN - 1
9: 07	ennual report mailings. Enter	only one email a			CALKARI O	
AM 9: 07	ennual report mailings. Enter	only one email a	ddress pl	.ease.**	ALTART DE	
A 9: 07	ennual report mailings. Enter	only one email a	ddress pl	.ease.**	ALTART DE	
A 9: 07	ennual report mailings. Enter Email Address:  P/LLLP AMENDMENT/RI  MARS DEVEL	only one email and an email and emai	ddress pl	.ease.**	AHASSEETEL	21 JUN - 1 AM 10: 54
4 9 07 E	ennual report mailings. Enter Email Address:  P/LLLP AMENDMENT/RI	only one email and an email and emai	ddress pl	.ease.**	ALTART DE	
AM 9: 07	ennual report mailings. Enter Email Address:  P/LLLP AMENDMENT/RI  MARS DEVEL	only one email and an email and emai	ddress pl	.ease.**	ALTART DE	
4 9 07 E	PARS DEVEL Certificate of Status	only one email and an email and emai	ddress pl	.ease.**	ALTART DE	

Electronic Filing Menu

Corporate Filing Menu

Help



41210002155653

#### **COVER LETTER**

TO: Registration Division of C				
SUBJECT: MARS C	DEVELOPMENT, LTD.			
Na Na	tne of Florida Limited Par	thership or Limited Li	iability I	Limited Partnership
The enclosed Certifi	cate of Amendment a	nd fee(s) are subm	itted fo	or filing.
Please return all corr	espondence concerni	ng this matter to:		
PAUL A. KRASKER, E	ESQ.			
	Contact Person			
THE LAW OFFICE OF	PAULA, KRASKER, P.	Α.		
The state of the s	Firm/Company			
1615 FORUM PLACE.	5TH FLOOR			
	Address	<del></del>		
WEST PALM BEACH.	FL 33401			
(	City. State and Zip Code			
PKRASKER@KRASE				
E-mail address: (to	be used for future annual	report notification)		
For further informat	ion concerning this m	atter, please call:		
Andrea Murphy Snowd	en	561 .	515-47	722
Name of Conta	ict Person	Area Code and	d Daytic	nc Telephone Number
Enclosed is a check	for the following anto	ount:		
S52,50 Filing Fee	□\$61.25 Filing Fee and Certificate of Status			□\$113.75 Filing Fee, Certified Copy, and Certificate of Status
Mailing Address:		Street A	\ddres	<u>ss:</u>
Registration Section		Registra		
Division of Corpora	tions			orporations Tallahassee
P.O. Box 6327	1.4			nalianassee oe Street, Suite 810
Tallahassee, FL 323	1.1			L 32303
		ક લાઇસ્ટાફિલ	J. J. J.	E 2 → 2 V 2

4210002155253

## 4210002122123

#### CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

MARS DEVELOPMENT, LTD.				
Insert name currently on ti	le with Florida Department of State		_	
	cate was filed with the Florida Depa rida document number A9700000200	irtment of		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 l</u> here:	imited partnership or limited liability	limited pa	artner	ship
New name must be distinguish	table and contain an acceptable suffix.			
Acceptable Limited Partnership suffixes: Limited Partnersh Acceptable Limited Liability Limited Partnership suffixes: 1		L.P. or LIA	ָם מ	
B. If amending mailing address and/or principal office address here:	pal office address, <u>enter new maili</u>	ng addres	ss and	<u>l/or</u>
New Principal Office Address:			-	
(Must be STREET address)			-	
New Mailing Address: (May be post office box)			· •	
C. If amending the registered agent and/or registers	ad affice address on our records enter	S Describe using	2013	new
registered agent and/or the new registered office ad-		)s- 17 22 (1) 23 (1)	NUL	
Name of New Registered Agent:		SSE E		FILED
New Registered Office Address:			<b>X</b>	Ö
	Enter Florida street address	OREI OREI	10: 51	
	Florida		<u></u> 2	

Page 1 of 3

City

Zip Code

### 41210002155453

#### 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	<u>Name</u>	Address	Type of Action
GP	N. KENT WILMERING	4918 N. Flagler Drive West Palm Beach, FL 33401	≅ Add □ Remove
GP	JOHN J. HOECKER	401 S Dixic Highway Suite 300 West Palm Beach, FI, 33401	
<u>GP</u>	Boynton Beach Jog Associates	401 South Dixie Highway Suite 300 West Palm Beach, FL 33401	☐ Add ■ Remove
			☐ Add☐ ☐ Remove
<del></del>			

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.)

# H3100003122123

F. If amending any other information, enter c	thange(s) here: (Attach additional sheets, if necessary.)
Effective date, if other than the date of filing:	
Effective date cannot be prior to nor more than 90 days of State )	for the daile this document is filed by the Florida Department of
Note: If the date inserted in this block does not meet the ap he listed as the document's effective date on the Departmer	
ne nace as the document of encertic date on the preparation	it of State Vicesias.
Signature(s) of a general partner or all general	l partners*:
(*NOTE: Only one current general partner is required to s removing a "limited liability limited partnership" election s when adding or removing a "limited liability limited partne	right this document unless the limited partnership is adding or statement. Chapter 620, F.S., requires all general partners to sign riship" election statement.)
21 11 1	and Albertan
MA THE	- I My KT billing
	/ / / / / / / / / · · · · · · · · · · ·
Signature(s) of all new or dissociating general	partner(s), if any:
1. 1.11.	1 1 / Managha
11/19 Well.	
	AM IO: 54
	או∈ אוני אוני
Filing Fee: \$52.50 Certified Copy (optional): \$52.50	<u>-</u>

Page 3 of 3

Certificate of Status (optional): \$8.75