



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.

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To:		· · ·
	Division of Corporations	
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From:		<u> </u>
	Account Name : AKERMAN LLP - ORLANDO	
	Account Number : 076656002425	ודי
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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COVER LETTER

TO: **Registration Section Division of Corporations**

SUBJECT: OCALA TROPHY, 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:

Russell B. Hale, Esquire

Contact Person

Akerman LLP

Firm/Company

420 S Orange Avenue Suite 1200

Address

Orlando, FL 32801-4904

City, State and Zip Code

russell.hale@akerman.com

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

For further information concerning this matter, please call:

_at (____ 419-8556 Russell B. Hale, Esquire

Name of Contact Person

Area Code and Daytime Telephone Number

□S113.75 Filing Fee.

Certified Copy, and

Enclosed is a check for the following amount:

\$52.50 Filing Fee

□\$61.25 Filing Fee and Certificate of Status

Certificate of Status

□\$105.00 Filing Fee

and Certified Copy

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

2019/04/01 13:38:31 5 17



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 December 24, 1998 _____, assigned Florida document number A98000002856 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 Parmership suffixes: Limited Liability Limited Partnership, L.I., 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_____ *Zip Code* City

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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), <u>enter the name and business address of each general partner being</u> added or removed from our records:

<u>Title</u>	Name	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
			Add C Remove
			Add Remove
			Add CRemove

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.)

F. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Paragraph 5 of the Certificate is deleted and the following is inserted in lieu thereof:

5. The duration of this Limited Partnership shall be perpetual.

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.)

Ocala 200, Inc.

By:

Marvin Smollar, President

Signature(s) of all new or dissociating general partner(s), if any:

Filing Fee:\$52.50Certified Copy (optional):\$52.50Certificate of Status (optional):\$8.75

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