## A9900000136

(Requestor's Name)  (Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)			
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SECRETARY OF STATE OF CORPORATION:

## **COVER LETTER**

TO: Registration Division of C			
	nar II Flexxspace		ity Limited Partnership)
The enclosed Certifi	cate of Amendment a	nd fee(s) are subi	mitted for filing.
Please return all corn	espondence concerni	ng this matter to:	
Anthony T. Lep			_
	(Contact Person)		
Anthony T. Lep	ore, Esq., P.A.		
	(Firm/Company)		<del></del>
P.O. Box 8236	62		
	(Address)		_
South Florida,	FL 33082-3662		
	City, State and Zip Code)		<b>-</b>
For further informati	on concerning this ma	atter, please call:	
Anthony T. Lep	ore	_at ( 954	<sub>)</sub> 433-2126
(Name of Conta	act Person)		e and Daytime Telephone Number)
Enclosed is a check	for the following amo	unt:	
<b>√</b> \$52.50 Filing Fee	\$61.25 Filing Fee and Certificate of Status	\$105.00 Filing and Certified Cop	
STREET ADDRES Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 323	ions er Circle	Registi Divisio P. O. E	ration Section on of Corporations Box 6327 assee, FL 32314

## CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

Miramar II Flexspace, LTD		-
(Insert name currenti	y on file with Florida Department of State)	
partnership or limited liability limits	of 620.1202, Florida Statutes, this Florida limited ed partnership, whose certificate was filed with the 7, 1999, adopts the following ficate of limited partnership.	
FIRST: Amendment(s): (Indicate i	nformation being amended, added, or deleted)	
Partner is Miramar II GP New, LI	ne name and business address of the General LC (L06000119149), a Florida limited liability Hallandale Beach Blvd. Suite 300,	- - -
		<u>.</u>
SECOND: Effective date, if other ( Effective date cannot be prior to nor more Department of State.)	than the date of filing: than 90 days after the date this document is filed by the Florida	- ·
Signature(s) of a general partner(s)*	; o he a limited liability limited partnership statement, all general	
		- -
Signature(s) of new or dissociating	general partner(s), if any:	. <b>o</b>
St. Sam BAZAYRZ , MANACEN.		SECRI ISION
Filing Fee: Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$52.50 \$8.75	ETARY OF STATE OF CORPORA