A9900001703

| (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: |
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Office Use Only



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12/10/10--01021--006 **17.50

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SECRETARY OF STATE
TALLAHASSEE, FLORIG



J. BRYAN

DEC 1 0 2010

EXAMINER



November 19, 2010

MARK ALLSWORTH DOUMAR, ALLSWORTH ET AL 1177 SE 3RD AVE FT LAUDERDALE, FL 33316

SUBJECT: BIG LOTS PLAZA LIMITED

Ref. Number: A9900001703



We have received your document for BIG LOTS PLAZA LIMITED and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You completed the wrong form

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6043.

Joey Bryan Regulatory Specialist II

Letter Number: 310A00027212

LAW OFFICES

DOUMAR, ALLSWORTH, LAYSTROM, VOIGT, WACHS, ADAIR, PARKE&BOSACK, LLP

1177 SOUTHEAST THIRD AVENUE FORT LAUDERDALE, FLORIDA 33316-1109

JOHN H. ADAIR, III, P.A. EMERSON ALLSWORTH P.A. E. SCOTT ALLSWORTH, P.A. MARK E. ALLSWORTH, P.A. KARFY L. BOSACK, P.A. BENJAMIN R. DISHOWITZ, P.A.

BROWARD (954) 762-3400 TOLL FREE (866) 242-9488 TELEFAX (954) 525-3423 WEBSITE: SFLALAW.COM

RAYMOND A. DOUMAR, P.A.* C. WILLIAM LAYSTROM, JR., P.A. ANDRE PARKE, P.A. JOHN D. VOIGT, P.A. JEFFREY S. WACHS, P.A. †

OF COUNSEL

STUART J. MAC IVER, P.A. JOHN W. PERLOFF, P.A.

ALBO ADMITTED IN PENNSYLVANIA ALSO ADMITTED IN MICHIGAN

December 3, 2010

WRITER'S DIRECT DIAL: (954) 762-3427

Sent via Certified Mail to:

Registration Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Big Lots Plaza Limited - Name Change to Tidan Plaza Limited

Dear Clerk:

Re:

Enclosed please find a Certificate of Amendment that needs to be filed with the Secretary of State. Also enclosed is a check in the amount of \$17.50, which represents the additional amount due. Please note that the Amendment was previously submitted with a \$35 check. It was rejected due to the use of an improper form (your return letter is attached for your convenience). Please proceed to file this as quickly as possible and provide evidence of same to us using the enclosed self-addressed, stamped envelope. Should you have any questions, please call.

Very truly yours,

Real Estate Department

SANDI L. KING, Paralegal

JHA/sk **Enclosures**

. . .

COVER LETTER

| | gistration vision of | Section Corporations | | | |
|-------------------------|-------------------------|--|-------------------------|--|-----|
| SUBJEC | | | | | |
| The enclo | sed Certif | icate of Amendment | and fee(s) are subm | nitted for filing. | |
| Please ret | urn all cor | respondence concern | ing this matter to: | | |
| | MAF | RK ALLSWORTH, E | ESQ | | • |
| | | | | ALTO ALTO | |
| | DO | UMAR, ALLSWOR | <u>TH</u> | CRE | - |
| | | Firm/Company | | AS I | 1 |
| | | 1177 SE 3RD AVE | | SET | |
| | | Address | | F = | . 1 |
| | FT L | AUDERDALE, FL 3 | 3316 | eport notification) tter, please call: at (954) 762-3400 Area Code and Daytime Telephone Number | |
| | | City, State and Zip Code | | PIE 3 | ó |
| | | | | 7* | |
| E-mail | address: (to | be used for future annua | al report notification) | | |
| For furthe | r informat | ion concerning this r | natter, please call: | | |
| MA | ARK ALL | SWORTH, ESQ | at (954) | 762-3400 | |
| ··· | me of Cont | · · · · · · · · · · · · · · · · · · · | | | |
| Enclosed i | is a check | for the following am | ount: | | |
| \$52.50 F | iling Fee | \$61.25 Filing Fee and Certificate of Status | | y Certified Copy, and | |
| STREET | ADDRES | SS: | MAILI | NG ADDRESS: | |
| Registratio | | | Registra | ation Section | |
| Division o | | tions | | | |
| Clifton Bu | | . 0: 1 | | | |
| 2661 Exec Tallahasse | | | Tallahas | ssee, FL 32314 | |
| i ananasse | v, IL J4. | JU I | | | |

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP

| Insert name current | | AZA LIM th Florida Do | | ate | | |
|--|---------------------------|--------------------------|----------------------|--------------------------|-----------------|----------------|
| Pursuant to the provisions of section 620.12 limited liability limited partnership, whose, assign | certificate ed Florida | was filed document | with the Flor number | ida Department OCTOBER 1 | t of Star | |
| adopts the following certificate of amendm | ent to its o | ertificate o | of limited par | tnership. | | |
| This amendment is submitted to amend the follo | wing: | | | | | |
| A. If amending name, <u>enter the new name on the new name of th</u> | of the limit | ed partners | ship or limited | d liability limite | d partn | <u>ership</u> |
| TIDA | N PLAZ | A LIMITI | ED | | | |
| New name must be dis | tinguishable | and contain | an acceptable s | uffix. | | |
| Acceptable Limited Partnership suffixes: Limited Pa Acceptable Limited Liability Limited Partnership su | | | | rship, L.L.L.P. or I | LLLP. | |
| B. If amending mailing address and/or principal office address here: | principal | office add | ress, <u>enter n</u> | ew mailing add ≅∽ | dress a | nd/or |
| New Principal Office Addres | <u>s:</u> | | | | 0 0 | 45 4200 |
| (Must be STREET address) | _ | | | |) <u>3</u> | - |
| | | | | <u>S</u> | 6 | |
| New Mailing Address: | | | | , | 2 | 111 |
| (May be post office box) | | | | FLO | _ _ | U |
| | | | | | —မာ ယ | |
| | | | | - T- | | C 43 |
| C. If amending the registered agent and/or new registered agent and/or the new registered | | | | ecords, <u>enter the</u> | e name | of the |
| | | | | | | |
| Name of New Registered Agent: | | | ·-· | | | |
| New Registered Office Address: | | | **** | | | |
| | | Enter . | Florida street | | | |
| | | | , Flo | oridaZip Code | ,, | |
| | | City | | Zip Code | | |

1

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. |

| D. | If | amending | the g | general | partner(| s), <u>er</u> | nter t | <u>he name</u> | and | business | address | of o | <u>each</u> | general | partner | being |
|-----|-----|-----------|--------|---------|----------|---------------|--------|----------------|-----|----------|---------|------|-------------|---------|---------|-------|
| ade | ded | or remove | ed fro | m our r | records: | | | | | | | | | | | |

| <u>Title</u> | Name | Address | Type of Action |
|-----------------|----------------------------------|-----------------------------|--|
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| | | | OF STANII: 33 |
| | | | Add Remove |
| | | | Add Remove |
| f the limited p | partnership or limited liability | limited partnership is amer | — nding its "limited liability |

E. I 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 info | ormation, enter | r change(s) | here: (Attach ada | ditional sheets, if | necessary) |
|---|---|--|------------------------|---------------------|---|
| | | · ···································· | TOTAL (TIME) | monar ancom, y | nocensury.y |
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| Effective date, if other than the da | ite of filing: | | | | |
| (Effective date cannot be prior to nor mo State.) | ore than 90 days | after the dat | te this document is fi | iled by the Florida | Department of |
| | | | | | |
| | | | | | |
| Signature(s) of a general partne | r or all gener | al partne | <u>rs*:</u> | | |
| (*NOTE: Only one current general part | ner is required to | o sign this do | ocument unless the li | imited partnership | is adding or |
| removing a "limited liability limited part when adding or removing a "limited liab | nership" electior ility limited part | n statement. nership" ele | Chapter 620, F.S., r | equires all genera | I partners to sign |
| - | • | • | , | | |
| TIDAN PLAZA CORP. f/k/a Big Lote Pta | ıza Corp | | | | |
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| - Joseph - | | | | D 6 | |
| Jack Sofer | | | | Ž. | |
| | | | | ASS | 5 6 T |
| | | | | iu. | 9 3 1 |
| Signature(s) of all new or dissoc | <u>iating genera</u> | l partner | (s), if any: | £[. | OF ST |
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| Filing Fee: | \$52.50 | | | | |
| Certified Copy (optional): | \$52.50 | | | | |
| Certificate of Status (optional): | \$8.75 | | | | |