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PICK-UP	☐ WAIT	MAIL
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SEUNETARY OF STATE

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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Amendment of F	oreign Limited Partnership		
Name of Foreign Limi	ited Partnership or Limited Liability Limited Partnership		
The enclosed amendment and fee(s) are s	submitted for filing.		
Please return all correspondence concern	ing this matter to:		
Nancy Goodson			
Contact Person			
Holliday Fenoglio Fowle	r, L.P.		
Firm/Company			
9 Greenway Plaza, Suite	e 700		
Address			
Houston, TX, 77046			
City, State and Zip Code			
RELicenses@hfflp.com			
E-mail address: (to be used for future annua	al report notification)		
For further information concerning this r	natter, please call:		
Daniel Martinelli	at (713) 212-6566 Area Code and Daytime Telephone Number		
Name of Contact Person	Area Code and Daytime Telephone Number		
Enclosed is a check for the following am	ount:		
\$52.50 Filing Fee S61.25 Filing Fee and Certificate of Status	\$105.00 Filing Fee and Certified Copy Certificate of Status		
STREET ADDRESS:	MAILING ADDRESS:		
Registration Section Division of Corporations	Registration Section Division of Corporations		
Clifton Building	P. O. Box 6327		
2661 Executive Center Circle	Tallahassee, FL 32314		

AMENDMENT TO CERTIFICATE OF AUTHORITY FOR

FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP

1. The name of the limited partnership or limited the Florida Department of State is: Holliday Fenoglio Fowler, L.P.	liability limited partnership as it appears on the records of
2. Document Number of Foreign Limited Partners	hip or Limited Liability Limited Partnership: 800000000048
2. The jurisdiction of its formation is: Delaware	
3. The date the entity was authorized to transact b	usiness in Florida is: 02/25/2000
4. If the amendment changes the name of the limit the new name:	ted partnership or limited liability limited partnership, enter
Acceptable Limited Partnership suffixes: Limited Acceptable Limited Liability Limited Partnership s LLLP.	Partnership, Limited, L.P., LP, or Ltd. suffixes: Limited Liability Limited Partnership, L.L.L.P. or
5. If the amendment changes the general partner(s Name:	s), list the name and business address of each general partner: <u>Business Address:</u>
Matthew Mitchell	101 East Kennedy Blvd., Suite 3905, Tampa, FL 33602 Add Remove Change
	Add Remove Change
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	Add RemoveChange
	AddRemoveChange

	idment corrects any false s the correction:	tatement listed in	the application, indicat	e the statement being	3
					- - -
8. If the amen	idment is to add or delete a e box:	an election to be a	limited liability limited	d partnership Fizieme	22 Chec
	The entity elects to be a	a limited liability	limited partnership.	ASSI ASSI	7-7
	The entity is no longer	a limited liability	limited partnership.	E OF	P
amendment(s)	an original certificate, no , duly authenticated by the ity is organized.	more than 90 day official having c	rs olds, evidencing the a ustody of records in the	aforementioned A	ှော် ကော် nechaw o
10. Effective (Effective date Department of	date, if other than the date cannot be prior to nor mo State.)	of filing: ore than 90 days a	ifter the date this docun	nent is filed by the Fl	orida
Signature of a	general partner	(i			
Typed or print	-	<u> </u>	_		
• •	Mitchell				
Filing Fee: Certified Cop Certificate of	y (optional): Status (optional): \$8.75	\$52.50 \$52.50			