

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.

(((H170000175173)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

(614)280-3338

Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

## LP/LLLPAMENDMENT/RESTATEMENT/CORRECTION OVATIONS FOOD SERVICES, L.P.

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 0       |
| Page Count            | 05      |
| Estimated Charge      | \$52.50 |

JAN 20 2017

S. YOUNG

Elèctronic Filing Menu

Corporate Filing Menu

Help

### COVER LETTER

| TO:                                       | Registration<br>Division of           | n Section<br>Corporations                              | ,                                      |  |                    |
|---|---------------------------------------|--|--|--|--------------------|
| erib i                                    |                                       | •  | tions Food Services, L.P.              |  |                    |
| SUBJ                                      | ECT:                                  | Name of Foreign Limited Pa                             | artnership or Limited Liabil           | lity Limited Partnership   | <del></del>        |
| The e                                     | nclosed amer                          | idment and fee(s) are su                               | bmitted for filing.                    |  |                    |
| Please                                    | e return all co                       | rrespondence concernir                                 | ng this matter to:                     |  |                    |
|   |                                       | Judy Pizzica   |  |  |                    |
|   |                                       | Contact Person   |  |  |                    |
|   | · · · · · · · · · · · · · · · · · · · | Comcast Spectacor, LLC                                 |  |  | 1                  |
|   |                                       | Firm/Company   |  | •  | 17 JAN 19 AM 10: 4 |
|   |                                       | 3601 S. Broad Street                                   |  |  | = =                |
| <u> </u>                                  |                                       | Address  |  |  | 100                |
|   |                                       | Philadelphia, PA 19148                                 |  |  | =                  |
|   |                                       | City, State and Zip Code                               |  | ,  | ب<br><del>-</del>  |
| <u>E</u>                                  |                                       | pizzica@comeastspectacor. to be used for future annual |  |  |                    |
| For fi                                    | arther informa                        | ation concerning this ma                               | atter, please call:                    |  |                    |
| <del></del>                               |                                       | dy Pizzica<br>Contact Person                           | at ( 215 ) Area Code and Days          | 952-5218<br>ime Telephone Number                                     | <del></del>        |
| Enclo                                     | sed is a checl                        | k for the following amo                                | unt:                                   |  |                    |
| \$52                                      | 2.50 Filing Fee                       | \$61.25 Filing Fee<br>and Certificate of<br>Status     | \$105.00 Filing Fee and Certified Copy | \$113.75 Filing Fee,<br>Certified Copy, and<br>Certificate of Status |                    |
| STREET ADDRESS:                           |                                       |  | ADDRESS:                               |  |                    |
| Registration Section                      |                                       | Registration Section Division of Corporations          |  |  |                    |
| Division of Corporations Clifton Building |                                       | P. O. Box 6  |  |  |                    |
| 2661                                      | Executive Ce                          |  | Tallahassee,                           |  |                    |

#### AMENDMENT TO CERTIFICATE OF AUTHORITY FOR FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP

| The name of the limited partnership or<br>appears on the records of the Florida Dep<br>Ovations F          | · limited liability limited partnership<br>artment of State is:<br>Food Services, L.P.   | as it          |
|--|--|----------------|
| 2. The jurisdiction of its formation is:   | Pennsylvania   |                |
| 3. The date the entity was authorized to t   | ransact business in Florida is:  | 12/21/200      |
| 4. If the amendment changes the name of limited partnership, enter the new name:                           | f the limited partnership or limited I   | ability        |
| Acceptable Limited Partnership suffixes: Limited Acceptable Limited Liability Limited Partnership or LLLP. |  | ship, L.L.L.P. |
| 5. If the amendment changes the general each general partner:  |  | ss address of  |
| Name:  | Business Address:  |                |
| Ovations Food Services, LLC  | 3601 S. Broad Street   |                |
|  | Philadelphia, PA 19148   |                |
| Comcast Spectacor Ventures, LLC  | 3601 S. Broad Street   |                |
|  | Philadelphia, PA 19148   |                |
| -  |  |                |
|  |  |                |
|  |  |                |
| <del></del>  | the second secon |                |
|  | ·  |                |
|  |  | <del></del>    |

Page 1 of 2

| 6. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:   |               |
|--|---------------|
| 7. If the amendment corrects any false statement listed in the application, indicate the statement being corrected and the correction:   |               |
|  | -<br>-<br>-   |
| 8. If the amendment is to add or delete an election to be a limited liability limited partnership statement, check the appropriate box:  | -             |
| The entity elects to be a limited liability limited partnership.   | 17 JA         |
| The entity is no longer a limited liability limited partnership.   | 至一            |
| 9. Attached is an original certificate, no more than 90 days olds, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized. | 17 期 19 期10:4 |
| 10. 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.)   |               |
| Signature of a general partner:  |               |
| Typed or printed name:   |               |
| Philip I. Weinberg   |               |
| Filing Fee: \$52.50 Certified Copy (optional): \$52.50 Certificate of Status (optional): \$8.75  |               |

# COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE 01/11/2017

#### TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

Ovations Food Services, LLC

is duly registered as a Pennsylvania Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.

FALLAHASSEE, FLOW



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

Secretary of the Commonwealth

Certification Number: TSC170111161655-1

Verify this certificate online at http://www.corporations.pa.gov/orders/verify.aspx