

BO1000000450

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

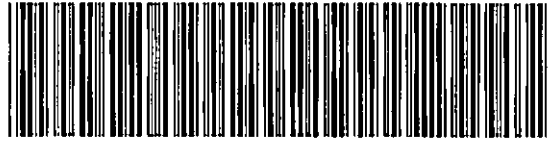
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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DEC 05 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OVATIONS FOOD SERVICES, L.P.

Name of Foreign Limited Partnership or Limited Liability Limited Partnership

The enclosed amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Vinnie Anne Ciafre

Contact Person

Spectra

Firm/Company

3601 S. Broad Street

Address

Phila., PA 19148

City, State and Zip Code

VinnieAnne_Ciafre@comcastspectacor.com

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

For further information concerning this matter, please call:

Vinnie Anne Ciafre

at (215)

952-9484

Name of Contact Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$52.50 Filing Fee

☐ \$61.25 Filing Fee
and Certificate of
Status

☐ \$105.00 Filing Fee
and Certified Copy

☐ \$113.75 Filing Fee,
Certified Copy, and
Certificate of Status

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

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

1. The name of the limited partnership or limited liability limited partnership as it appears on the records of the Florida Department of State is:
OVATIONS FOOD SERVICES, L.P.

2. Document Number of Foreign Limited Partnership or Limited Liability Limited Partnership: B01000000450

2. The jurisdiction of its formation is: Pennsylvania

3. The date the entity was authorized to transact business in Florida is: 12/21/2001

4. If the amendment changes the name of the limited partnership or limited liability limited partnership, enter the new name:

Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.

Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P., or LLP.

5. If the amendment changes the general partner(s), list the name and business address of each general partner:
Name: Business Address:

Comcast Spectacor Ventures, LLC

3601 S. Broad Street

☐ Add

☒ Remove

Phila., PA 19148

☐ Change

Spectra US, LLC

3601 S. Broad Street

☒ Add

☐ Remove

Phila., PA 19148

☐ Change

Spectra SV Management Company

3601 S. Broad Street

☒ Add

☐ Remove

Phila., PA 19148

☐ Change

☐ Add

☐ Remove

☐ Change

☐ Add

☐ Remove

☐ Change

☐ Add

☐ Remove

☐ Change

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:

The name of the President and Secretary shall be amended to be Brian Rothenberg.

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.

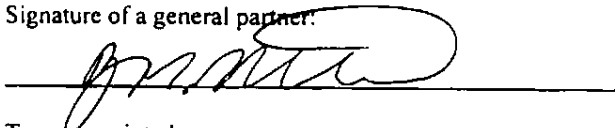
☐ The entity is no longer a limited liability limited partnership.

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.

10. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.)

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 of a general partner:



Typed or printed name:

By: Ovations Food Services, LLC, Brian Rothenberg, Pres

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

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE

11/19/2018

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

OVATIONS FOOD SERVICES, L.P.

is duly registered as a Pennsylvania Limited Partnership 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.



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

Robert Lanes

Acting Secretary of the Commonwealth

Certification Number: TSC181119151598-1

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