## R01000000450

(Re	questor's Name)	
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(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
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## **COVER LETTER**

TO: Registration Division of C			
<sub>subject:</sub> Ova	tions Food S	Services, Lartnership or Limited L	.P.
The enclosed amend	ment and fee(s) are sul	bmitted for filing.	
Please return all corr	espondence concernin	g this matter to:	
Patty Butle	r		
	Contact Person		
Ovations F	ood Services	s, L.P.	
	Firm/Company	<del></del>	
150 Rouse	Boulevard		
Philadelphia	Address , PA 19112		
	ity, State and Zip Code		
	akviewgroup		
E-mail address: (to	be used for future annual re	eport notification)	
	on concerning this mat	· •	
Patty Butler	<b>-</b>	_ <sub>at (</sub> 215)	218-7533
Name of Con	tact Person	Area Code	Daytime Telephone Number
Enclosed is a check f	or the following amou	nt:	
S52.50 Filing Fee	S61.25 Filing Fee and Certificate of Status	S105.00 Filing F and Certified Copy	Cee S113.75 Filing Fee, Certified Copy, and Certificate of Status
Mailing Adda Registration S Division of C P.O. Box 632 Tallahassee, F	ection orporations 7	Re Di Th 24	reet Address: egistration Section vision of Corporations the Centre of Tallahassee 15 N. Monroe Street, Suite 810 llahassee, FL 32303

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

AMENDMENT TO CERTIFICATE OF AUTHORITY					
	FOR MITED PARTNERSHIP OR LITY LIMITED PARTNERSHIP	2022 AUG			
The name of the limited partnership or limit the Florida Department of State is: Ovations Food Services, L.P.	ted liability limited partnership as it appea	ars on the records of $\sim$			
2. Document Number of Foreign Limited Partr B01000000450	nership or Limited Liability Limited Partn	nership: C. T. C. 27			
2. The jurisdiction of its formation is: Pennsylva	nnia	•			
3. The date the entity was authorized to transa-	ct business in Florida is: 12/21/2001				
4. If the amendment changes the name of the lather new name:	imited partnership or limited liability lim	ited partnership, enter			
Acceptable Limited Partnership suffixes: Limited Part Acceptable Limited Liability Limited Partnership suffic		L.P. or LLLP.			
(If name unavailable in Florida, enter alternate Florida.)	name adopted for the purpose of transact	ing business in			
<ol><li>If the amendment changes the general partn Name:</li></ol>	er(s), list the name and business address of Business Address:	of each general partner:			
Spectra S.V. Management Compa	150 Rouse Boulevard	∏Add			
	Philadelphia, PA 19112	Remove Change			
		Add Remove Change			
Ovations Food Services, LLC	150 Rouse Boulevard	Add			
	Philadelphia, PA 19112	Remove NO Change Change Current GP			
Spectra US, LLC	150 Rouse Boulevard	Add NO Change			
	Philadelphia, PA 19112	Remove Current GP Change			
		☐Add ☐Remove ☐Change			
		Add Remove			
		Change			

7. If the amer	ndment corrects any false statement listed in the application, indicate the statement being	
corrected and	the correction:	
N/A		
8. If the amer the appropriate	ndment is to add or delete an election to be a limited liability limited partnership statement box:	t, chec
	The entity elects to be a limited liability limited partnership.	
	The entity is no longer a limited liability limited partnership.	
amendment(s)	s an original certificate, no more than 90 days olds, evidencing the aforementioned duly authenticated by the official having custody of records in the jurisdiction under the ity is organized.	taw of
10. Effective	date, if other than the date of filing: (optional	<u>1</u> )
(lf an effective days after filin	dute is listed, the date must he specific and cannot he prior to date of filing or more than	190
Note: If the d	ate inserted in this block does not meet the applicable statutory filing requirements, the	his date
will not be lis	ted as the document's effective date on the Department of State's records.	
Signature of a	general partner:	
B		
	· /m · // /	
Typed or print		; ;-
Dela a Della anti	perg (President of General Partner)	

\$52.50

\$52.50

Filing Fee:

Certified Copy (optional):

Certificate of Status (optional): \$8.75