BCTCCCOCC239

(Requestor's Name)			
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(City/State/Zip/Phone #)			
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PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
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Amend

MAY 1 2 2020 I ALBRITTON

COVER LETTER

Division o	n Section f Corporations		
SUBJECT: HAND	DELSGESELLSCHAFT SO	CHARFE MBH & CO. LIN	IITED PARTNERSHIP
	Name of Foreign Limited	Partnership or Limited Lia	bility Limited Partnership
The enclosed amer	ndment and fee(s) are s	submitted for filing.	
Please return all co	rrespondence concern	ing this matter to:	
JILL STRUMPF			
	Contact Person		
BRUCE STRUMPF, I	NC.		
	Firm/Company		
2120 DREW STREET			
-	Address		
CLEARWATER, FL 3	3765		
	City, State and Zip Code		
jillstrumpf@brucestrun	npf.com		
E-mail address: (to	be used for future annual	report notification)	
For further informat	ion concerning this ma	atter, please call:	
JILL STRUMPF		727 .540	2020
Name of Co	ntact Person	at () Area Code D	aytime Telephone Number
Enclosed is a check	for the following amou		
S52.50 Filing Fee	S61.25 Filing Fee and Certificate of Status	S105.00 Filing Fee and Certified Copy	S113.75 Filing Fee, Certified Copy, and Certificate of Status
Mailing Add Registration . Division of C P.O. Box 632 Tallahassee, 1	Section Corporations 17	Regis Divisi The C 2415 i	tration Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303

April 21, 2020

JILL STRUMPF 2120 DREW STREET CLEARWATER, FL 33765

SUBJECT: HANDELSGESELLSCHAFT SCHARFE MBH & CO. LIMITED

PARTNERSHIP

Ref. Number: B07000000239

We have received your document for HANDELSGESELLSCHAFT SCHARFE MBH & CO. LIMITED PARTNERSHIP and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to sign the form.

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) 245-6050.

Letter Number: 920A00008301

Irene Albritton Regulatory Specialist II

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

Dally 2 Ryles

Change

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: HANDELSGESELLSCHAFT SCHARFE MBH & CO. LIMITED PARTNERSHIP 2. Document Number of Foreign Limited Partnership or Limited Liability Limited Partnership: <u>B07000000239</u> 2. The jurisdiction of its formation is: Register A of the Local Court of Hamburg 3. The date the entity was authorized to transact business in Florida is: 07/30/2007 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 LLLP. 5. If the amendment changes the general partner(s), list the name and business address of each general partner: Business Address: Name: Brandstucken 21 THOMAS SCHARFE \Box Add Remove 22549 Humburg Gernary Change Brandstucken 21 DR. SASKIA OESTMANN I■Add Remove 22549 Change \square Add □Remove Change \Box Add Remove Change \square Add Remove □Change -1AddRemove

6. If the amendment changes the jurisc	diction of organization, indicate new jurisdicti	ion:
7. If the amendment corrects any false corrected and the correction:	statement listed in the application, indicate the	ne statement being
	· ·	
	-	
•		
8. If the amendment is to add or delete the appropriate box:	an election to be a limited liability limited pa	rtnership statement, check
The entity elects to be	a limited liability limited partnership.	
The entity is no longer	r a limited liability limited partnership.	
	o more than 90 days olds, evidencing the afor- ne official having custody of records in the jur	
10. Effective date, if other than the date	e of filing:	(optional)
days after filing.)	ust be specific and cannot be prior to date of	
Note: If the date inserted in this block does be listed as the document's effective date	es not meet the applicable statutory filing requir on the Department of State's records.	ements, this date will not
Signature of a general partner:	Pesteuanu	
Typed or printed name:		
Dr. Saskia Oestmann		
Filing Fee: Certified Copy (optional):	\$52.50 \$52.50	
Certificate of Status (optional): \$8.75		