

B12000000212

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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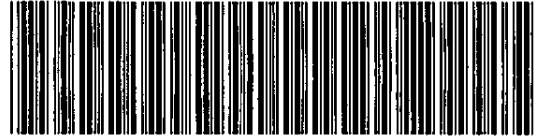
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
JAN 21

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Las Olas Bay Properties Peachtree, LP
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:

Jason Zielinski

Contact Person

Zielinski & Associates, PA

Firm/Company

800 E. Broward Blvd. Suite 702

Address

Fort Lauderdale, FL 33301

City, State and Zip Code

jzielinski@zielinski-associates.com

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

For further information concerning this matter, please call:

Jason Zielinski Esq. at (954) 524-6131

Name of Contact Person

Area Code and 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

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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:

Las Olas Bay Properties Peachtree, LP

2. Document Number of Foreign Limited Partnership or Limited Liability Limited Partnership: B12000002212

2. The jurisdiction of its formation is: Delaware

3. The date the entity was authorized to transact business in Florida is: 09-18-2012

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:

Name:

Business Address:

A&D Properties Group, LLC

2300 E. LAS OLAS BLVD, 5TH FLOOR

☐ Add

☒ Remove

Fort Lauderdale, FL 33301

☐ Change

W&D Properties, LLC

3200 NW 84TH AVE

☒ Add

☐ Remove

SUNRISE, FL 33361

☐ Change

☐ Add

☐ Remove

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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:

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: _____
(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:

JORGE ALDECCA

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

State Of Delaware

Entity Details

1/14/2016 12:08:48PM

File Number: 5201753

Incorporation Date / Formation Date: 8/21/2012

Entity Name: LAS OLAS BAY PROPERTIES PEACHTREE, LP

Entity Kind: Limited Partnership

Entity Type: General

Residency: Domestic

State: DELAWARE

Status: Good Standing

Status Date: 8/21/2012

Registered Agent Information

Name: HARVARD BUSINESS SERVICES, INC.

Address: 16192 COASTAL HWY

City: LEWES

Country:

State: DE

Postal Code: 19958

Phone: 302-645-7400

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