## 1717000000096

| (Requestor's Name)                      |                   |             |  |  |  |
|---|-------------------|-------------|--|--|--|
| (Address)                               |                   |             |  |  |  |
| (Ad                                     | dress)            |             |  |  |  |
| (Cit                                    | y/State/Zip/Phone | e #)        |  |  |  |
| PICK-UP                                 | ☐ WAIT            | MAIL        |  |  |  |
| (Bu                                     | siness Entity Nar | me)         |  |  |  |
| (Document Number)                       |                   |             |  |  |  |
| Certified Copies                        | _ Certificates    | s of Status |  |  |  |
| Special Instructions to Filing Officer: |                   |             |  |  |  |
|   |                   |             |  |  |  |
|   |                   |             |  |  |  |
|   |                   |             |  |  |  |

Office Use Only

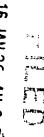


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01/25/16--01024--001 \*\*\$2.50

JAN 27 2016 J SHIVERS

SECRETARY OF STATE ALLAHASSEE, FLORID



## **COVER LETTER**

| TO:                 | Registration S<br>Division of C               |  |  |  |
|---------------------|---|--|--|--|
| SUBJI               | <sub>ECT:</sub> Las (                         | Olas Bay Prop                                | perties Enclav                             | re, LP   |
|                     | <del></del>                                   |  |  | ability Limited Partnership  |
| The en              | closed amend                                  | ment and fee(s) are sub                      | omitted for filing.                        |  |
| Please              | return all corr                               | espondence concerning                        | g this matter to:                          |  |
| Jase                | on Zielin                                     | ski  | ·  |  |
|                     |   | Contact Person                               |  |  |
| Ziel                | inski & A                                     | ssociates, PA                                | <b>\</b>                                   |  |
|                     |   | Firm/Company                                 |  |  |
| 800                 | E. Brow                                       | ard Blvd. Suit                               | te 702                                     |  |
|                     |   | Address                                      |  |  |
| Fort                |   | ale, FL 33301_                               |  |  |
|                     | C   | City, State and Zip Code                     |  |  |
| jziel               | linski@zi                                     | elinski-associ                               | ates.com                                   |  |
| E-                  | mail address: (to                             | be used for future annual r                  | eport notification)                        |  |
| For fur             | ther informati                                | on concerning this ma                        | tter, please call:                         |  |
| Jas                 | on Zielin                                     | ski Esq.                                     | <sub>at (</sub> 954 <sub>)</sub> 52        | 24-6131  |
|                     | Name of Cor                                   | itact Person                                 |  | ne Telephone Number  |
| Enclos              | sed is a check t                              | for the following amou                       | int:                                       |  |
| \$52                | .50 Filing Fee                                | \$61.25 Filing Fee and Certificate of Status | \$105.00 Filing Fee and Certified Copy     | \$113.75 Filing Fee,<br>Certified Copy, and<br>Certificate of Status |
| Registr<br>Division | ET ADDRES ration Section of Corporat          |  | MAILING A<br>Registration<br>Division of C | Section<br>Corporations  |
| 2661 E              | n Building<br>Executive Cent<br>assee, FL 323 |  | P. O. Box 63<br>Tallahassee,               |  |

## AMENDMENT TO CERTIFICATE OF AUTHORITY FOR

## FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP

| the Florida Department of State is:  Las Olas Bay Properties Enclave, LP                                 | ied liability limited partnership as it app                 | ears on the records of    |  |  |
|--|---|---------------------------|--|--|
| Document Number of Foreign Limited Partr   | nership or Limited Liability Limited Par                    | tnership: B150000009857   |  |  |
| 2. The jurisdiction of its formation is: Delaware  |   |                           |  |  |
| 3. The date the entity was authorized to transact business in Florida is: 04-02-2013                     |   |                           |  |  |
| 4. If the amendment changes the name of the l the new name:  | imited partnership or limited liability lin                 | mited partnership, enter  |  |  |
| Acceptable Limited Partnership suffixes: Limi<br>Acceptable Limited Liability Limited Partnersh<br>LLLP. |   | td.                       |  |  |
| 5. If the amendment changes the general partn Name:  | er(s), list the name and business address Business Address: | s of each general partner |  |  |
| A&D Properties Group, LLC  | 2300 E. Las Olas Blvd 5th Floor                             | Add                       |  |  |
|  | Fort Lauderdale, FL 33301                                   | ■Remove Change            |  |  |
| W&D Properties, LLC  | 3200 NW 84TH AVE  | Add                       |  |  |
|  | SUNRISE, FL 33351   | ☐Remove<br>☐Change        |  |  |
|  |   | Add Remove Change         |  |  |
|  |   | Add<br>Remove<br>Change   |  |  |
|  |   | Add Remove Change         |  |  |
|  |   | Add Remove Change         |  |  |

| 6. If the amendn                                     | nent changes the jur                               | risdiction of organiza                 | ation, indicate new jurisdiction:  | <u>.</u>                 |
|--|--|--|--|--------------------------|
| 7. If the amenda corrected and the                   |  | lse statement listed in                | n the application, indicate the state                                      | ement being              |
|  |  |  |  |                          |
|  |  |  |  | <del> </del>             |
| 8. If the amenda the appropriate b                   |  | ete an election to be                  | a limited liability limited partners                                       | hip statement, check     |
|  | The entity elects to                               | be a limited liability                 | limited partnership.   |                          |
|  | The entity is no lon                               | ger a limited liability                | y limited partnership.   |                          |
|  | uly authenticated by                               |  | ays olds, evidencing the aforement<br>custody of records in the jurisdicti |                          |
| 10. Effective date con Department of Si              | te, if other than the cannot be prior to no tate.) | date of filing:<br>r more than 90 days | after the date this document is file                                       | ed by the Florida        |
| Signature of a ge                                    | neral partner:                                     |  |  | 16 JAN<br>SECRET         |
| Typed or printed                                     | name:  |  |  | SSE SSE                  |
| Jorge Ald  | ecoa   |  | <u></u>  | THE IT                   |
| Filing Fee:<br>Certified Copy (<br>Certificate of St | (optional):<br>atus (optional): \$8                | \$52.50<br>\$52.50<br>3.75             |  | 8: 9)<br>STATE<br>LORIDA |