

B14 000000257

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

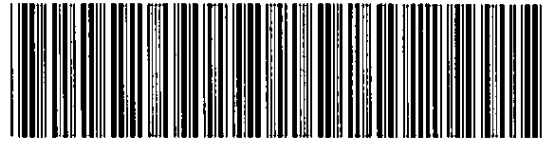
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400329835004

2019 JUN 28 PM 3:00

FILED

05/28/19--01022--007 **135.30

RECEIVED

MAY 28 2019

CC
LP Amend

JUN 15 2019

ALBIONTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DRAX HOLDINGS, 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:

Jennifer C. Juchnowicz

Contact Person

Cheffy Passidomo, P.A.

Firm/Company

821 Fifth Avenue South

Address

Naples, Florida 34102

City, State and Zip Code

jejuchnowicz@napleslaw.com

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

For further information concerning this matter, please call:

Jennifer C. Juchnowicz

at (239)

261-9300

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

2019 MAR 28 PM 3:00
FILED

**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:

DRAX HOLDINGS, L.P.

2. Document Number of Foreign Limited Partnership or Limited Liability Limited Partnership: B14000000257

3. The jurisdiction of its formation is: DE

4. The date the entity was authorized to transact business in Florida is: 11/13/2014

5. 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:

DUBOVY, TODD, TRUSTEE

TWO INTERNATIONAL PLACE

☐ Add

☒ Remove

☐ Change

BOSTON, MA 02110

Suzanne von Liebig, Trustee

PO Box 65

☒ Add

☐ Remove

☐ Change

Bellevue, FL 34421

☐ Add

☐ Remove

☐ 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:

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:

Suzanne von Liebig

Typed or printed name:

Suzanne von Liebig, Trustee

Filing Fee: \$52.50

Certified Copy (optional): \$52.50

Certificate of Status (optional): \$8.75