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2019 SEP -6 AM 9:47
TALLAHASSEE, FL

SEP 17 2019

Celebrating 25 Years
CHEFFY PASSIDOMO

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JENNIFER C. JUCHNOW

OF COUN
GEORGE L. VARNAD

September 4, 2019

Via US Mail

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

RE: Drax Holdings, L.P.

Dear Sir or Madam:

Enclosed please find the Amendment to Certificate of Authority for Foreign Limited Partnership or Limited Liability Limited Partnership, along with our Check Number 54337 in the amount of \$105.00 representing the Filing Fee and Certified Copy.

Should you have any questions, please feel free to contact us at any time.

Sincerely,



Michele M. Gowdy
Real Estate Assistant
Cheffy Passidomo, P.A.

Enclosures

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

jcjuchnowicz@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

**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

2. The jurisdiction of its formation is: DE

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

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:

<u>Suzanne von Liebig, Trustee</u>	<u>PO Box 65</u>	<input type="checkbox"/> Add
	<u>Bellevue, FL 34421</u>	<input checked="" type="checkbox"/> Remove
		<input type="checkbox"/> Change
<u>Michael Ennis</u>	<u>PO Box 65</u>	<input checked="" type="checkbox"/> Add
	<u>Bellevue, FL 34421</u>	<input type="checkbox"/> Remove
		<input type="checkbox"/> Change
_____	_____	<input type="checkbox"/> Add
		<input type="checkbox"/> Remove
		<input type="checkbox"/> Change
_____	_____	<input type="checkbox"/> Add
		<input type="checkbox"/> Remove
		<input type="checkbox"/> Change
_____	_____	<input type="checkbox"/> Add
		<input type="checkbox"/> Remove
		<input type="checkbox"/> Change

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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: _____ (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:



Typed or printed name:

Michael Ennis

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