

B15 000 000 284

(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:

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OFFICE, FL

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2024 JAN -5 AM 11:18
TALLAHASSEE, FLORIDA

R. HUNT
01/05/24

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 248791 7288091
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 52.50

ORDER DATE : January 4, 2024
ORDER TIME : 10:12 AM
ORDER NO. : 248791-025
CUSTOMER NO: 7288091

STATE
TALLAHASSEE, FL
PM 12:23
D

FOREIGN FILINGS

NAME: 701-703 WATERFORD OPERATING LP

☐ CORPORATE
☒ LIMITED PARTNERSHIP
☐ LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY
☒ PLAIN STAMPED COPY
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland-sorenson -- EXT#

EXAMINER: _____

TO: Registration Section
Division of Corporations

The enclosed amendment and fee(s) are submitted for filing.

For further information concerning this matter, please call:

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

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

30
2000-1-5 PM12:23
STATE
SEE, FL

12:23 PM 04/25/2024

701-703 Waterford Operating LP

B15000000284

3. The date the entity was authorized to transact business in Florida is: October 21, 2015

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 L.L.P.

5. If the amendment changes the general partner(s), list the name and business address of each general partner:
 Name: _____ Business Address: _____

701 Brickell Avenue	<input checked="" type="checkbox"/> Add
	<input type="checkbox"/> Remove
Miami, FL 33131	<input type="checkbox"/> Change

_____ ☐ Add
 _____ ☐ Remove
 _____ ☐ Change

_____ ☐ Add
 _____ ☐ Remove
 _____ ☐ Change

_____ ☐ Add
 _____ ☐ Remove
 _____ ☐ Change

_____ ☐ Add
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 _____ ☐ 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:

Donna Cohen

Typed or printed name:

Donna Cohen

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

2020-04-05 PM 12:23
DEPT OF STATE
TALLAHASSEE, FL
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