

1315000006297

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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☐

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(Business Entity Name)

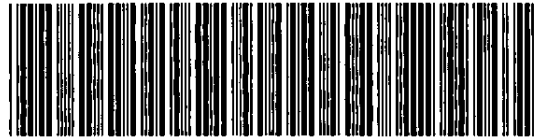
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2016 SEP 22 PM 4:57  
SECRETARY OF STATE  
DALLAS, TEXAS, FLORIDA

K. SALY

SEP 23 2016

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Norris Group Community Reinvestment, 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:

Miguel A. Maspons, Esq.

Contact Person

Maspons, Sellek, Jacobs, LLP

Firm/Company

2333 Ponce De Leon Blvd., Suite 314

Address

Coral Gables, Florida 33134

City, State and Zip Code

msj@msjcorpserv.com

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

For further information concerning this matter, please call:

Vanessa M. Collazo

at ( 786 )

539-1430

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

**AMENDMENT TO CERTIFICATE OF AUTHORITY  
FOR  
FOREIGN LIMITED PARTNERSHIP OR  
LIMITED LIABILITY LIMITED PARTNERSHIP**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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:

Norris Group Community Reinvestment, L.P.

2. Document Number of Foreign Limited Partnership or Limited Liability Limited Partnership: B15000000297

2. The jurisdiction of its formation is: California

3. The date the entity was authorized to transact business in Florida is: 10/19/2015

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:

TNG Real Estate Auction, Inc.

3001 Aloma Avenue, Suite 129

☐ Add

☒ Remove

Winter Park, Florida 32792

☐ Change

Bruce Norris Financial Group, Inc.

3001 Aloma Avenue, Suite 129

☒ Add

☐ Remove

Winter Park, Florida 32792

☐ Change

☐ Add

☐ Remove

☐ Change

☐ Add

☐ Remove

☐ Change

☐ Add

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☐ 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:

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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:

\_\_\_\_\_  
*Bruce Norris*

Typed or printed name:

Bruce Norris

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**LP-2**

## Amendment to Certificate of Limited Partnership (LP)

To change information of record for your LP, fill out this form, and submit for filing along with:

- A \$30 filing fee.
- A separate, non-refundable \$15 service fee also must be included, if you drop off the completed form.

**Items 3-7: Only fill out the information that is changing. Attach extra pages if you need more space or need to include any other matters.**

**FILED**  
**Secretary of State**  
**State of California**

AUG 26 2016

**This Space For Office Use Only**

**For questions about this form, go to [www.sos.ca.gov/business/befiling-tips.htm](http://www.sos.ca.gov/business/befiling-tips.htm)**

① LP's File No. (issued by CA Secretary of State) 200928000003	② LP's Exact Name (on file with CA Secretary of State) NORMIS Group Community REINVESTMENT L.P.
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New LP Name

③ Proposed New LP Name The new LP name: must end with: "Limited Partnership," "LP," or "L.P.," and may not contain "bank," "insurance," "trust," "trustee," "incorporated," "inc.," "corporation," or "corp."

### New LP Addresses

④	a.	Street Address of Designated Office in CA	City (no abbreviations)	CA	State	Zip
	b.	Mailing Address of LP, if different from 4a	City (no abbreviations)		State	Zip

**New Agent/Address for Service of Process** (The agent must be a CA resident or qualified 1505 corporation in CA.)

⑤ a. Agent's Name

b. Agent's Street Address (if agent is not a corporation) City (no abbreviations) State Zip

### General Partner Changes

6 a. New general partner: STATE NORTH FINANCIAL GROUP INC  
Name 1845 Chicago Ave Address Suite A City (no abbreviations) Elmhurst State IL Zip 60120

b. Address change:  
Name \_\_\_\_\_ New Address \_\_\_\_\_ City (no abbreviations) \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

c. Name change: Old name: \_\_\_\_\_ New name: \_\_\_\_\_

d. Name of dissociated general partner: TNG REAL ESTATE AUCTION TAX

**Dissolved LP** (Either check box a or check box b and complete the information. Note: To terminate the LP, also file a Certificate of Cancellation (Form LP-47), available at [www.sos.ca.gov/business/forms.htm](http://www.sos.ca.gov/business/forms.htm).)

7 a. ☐ The LP is dissolved and wrapping up its affairs.  
b. ☐ The LP is dissolved and has no general partners. The following person has been appointed to wrap up the affairs of the LP:

Name	Address	City (no abbreviations)	State	Zip
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Read and sign below: This form must be signed by (1) at least one general partner; (2) by each person listed in item 6a; and (3) by each person listed in item 6d if that person has not filed a Certificate of Dissociation (Form LP-101). If item 7b is checked, the person listed must sign. If a trust, association, attorney-in-fact, or any other person not listed above is signing, go to [www.sos.ca.gov/business/be/filing-tips.htm](http://www.sos.ca.gov/business/be/filing-tips.htm) for more information. If you need more space, attach extra pages that are 1-sided and on standard letter-sized paper (8 1/2" x 11"). All attachments are part of this amendment. Signing this document affirms under penalty of perjury that the stated facts are true.

penalty of perjury that the stated facts are true. Bruce W. Norris President of Bruce Norris Financial Group Inc.  
Bruce W. Norris President of TNG Real Estate Auctions Inc. Dissociated General Partner  
 Sign here Bruce W. Norris Print your name here Bruce W. Norris Date 8/26/11

Sign here \_\_\_\_\_ Print your name here \_\_\_\_\_ Date 8/26/11

Sign here \_\_\_\_\_ Print your name here \_\_\_\_\_ Date \_\_\_\_\_

Make check/money order payable to: Secretary of State  
Upon filing, we will return one (1) uncertified copy of your  
filed document for free, and will certify the copy upon  
request and payment of a \$5 certification fee.

**By Mail**  
Secretary of State  
Business Entities, P.O. Box 944225  
Sacramento, CA 94244-2250

**Drop-Off**  
Secretary of State  
1500 11th Street, 3rd Floor  
Sacramento, CA 95814



I hereby certify that the foregoing  
transcript of \_\_\_\_\_ page(s)  
is a full, true and correct copy of the  
original record in the custody of the  
California Secretary of State's office.

AUG 29 2016 65

Date: \_\_\_\_\_

*Alex Padilla*

ALEX PADILLA, Secretary of State