

B16 0000000016

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

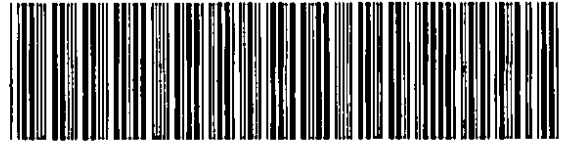
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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03/02/20--01032--011 \*\*52.50

Special Instructions  
Filing Officer's Office

2020 MAR -2 PM 2:10

FILED

Amend

MAR 21 2020  
I ALBRITTON

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SBD TRADEWINDS, 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:

\_\_\_\_\_  
Contact Person

SBD TRADEWINDS, L.P.

\_\_\_\_\_  
Firm/Company

5340 Lincoln Ave

\_\_\_\_\_  
Address

Skokie IL 60077

\_\_\_\_\_  
City, State and Zip Code

gabriela@aerservicesinc.com

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

For further information concerning this matter, please call:

Gabriela Arce \_\_\_\_\_ at ( <sup>847</sup> \_\_\_\_\_ ) <sup>6734321</sup> \_\_\_\_\_  
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

**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

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

FILED  
2020 MAR -2 PM 2:10  
TALLAHASSEE, FLORIDA  
CLERK OF THE CIRCUIT COURT

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: SBD TRADEWINDS, L.P

2. Document Number of Foreign Limited Partnership or Limited Liability Limited Partnership: B16000000016

2. The jurisdiction of its formation is: DE

3. The date the entity was authorized to transact business in Florida is: Jan 19, 2016

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:

\_\_\_\_\_

\_\_\_\_\_

☐ Add

☐ Remove

☐ Change

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☐ 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:

To be corrected: BEN-DAVID , SCHLOMOH

Correction: BEN-DAVID , SHLOMOH

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:

Shlomoh Ben-David

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