

B 16 000000 145

Wad

(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



400426625654

FILED

2024 MAY -9 PM 12:48

SECRETARY OF STATE
TALLAHASSEE, FL



CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext:

To: Department Of State, Division Of Corporations
From: Shauna Godbolt
Ext:
Date: 05/09/24
Order #: 1501544-1
Re: The Realty Associates Fund XI, L.P.
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Amount to be deducted from our State Account: \$52.50 - FL State Account Number:

1200000000185

AUTH

A handwritten signature in black ink, appearing to read "Shauna Godbolt", is written over the word "AUTH" and extends to the right.

Please take the following action:

File in your office on basis
Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Realty Associates Fund XI Portfolio, L.P.
(Name of Foreign Limited Partnership or Limited Liability Limited Partnership)

The enclosed Notice of Cancellation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Jenninifer Syrmis

(Contact Person)

TA Realty LLC

(Firm/Company)

1 Federal Street, 17th Floor

(Address)

Boston, MA 02110

(City, State and Zip Code)

For further information concerning this matter, please call:

Jennifer Syrmis

at (617) 476-2797
(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

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

FILED

2024 MAY -9 PM 12:48

SECRETARY OF STATE
TALLAHASSEE, FL

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:

The Realty Associates Fund XI Portfolio, L.P.

2. Document Number of Foreign Limited Partnership or Limited Liability Limited Partnership: B16000000145

2. The jurisdiction of its formation is: DE

3. The date the entity was authorized to transact business in Florida is: 07/07/2016

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.

(If name unavailable in Florida, enter alternate name adopted for the purpose of transacting business in Florida.)

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

Name:

Business Address:

The Realty Associates Fund XI, L.P.

1 Federal Street, 17th Floor

☒ Add

Boston, MA 02110

☐ Remove

☐ Change

☐ Remove

☐ Change

Realty Associate Fund XI, LLC

1 Federal Street, 17th Floor

☐ Add

Boston, MA 02110

☒ Remove

☐ Change

Realty Associate Fund XI REIT GP LLC

1 Federal Street, 17th Floor

☐ Add

Boston, MA 02110

☒ 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:



Typed or printed name:

Scott L. Dalrymple

Filing Fee: \$52.50

Certified Copy (optional): \$52.50

Certificate of Status (optional): \$8.75

CSC AMEND-12484