

B16000000254

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

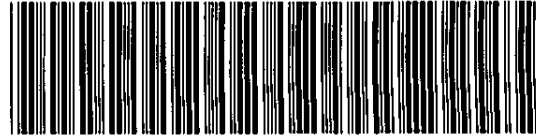
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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DEPT. OF STATE
TALLAHASSEE, FLORIDA

2016 DEC 15 AM 8:51

FILED

16 DEC 15 PM 4:27

K. SALY

DEC 21 2016

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

ACCOUNT NO. : I20000000195
REFERENCE : 423650 4804708
AUTHORIZATION : *Spuddean*
COST LIMIT : \$ 52.50

ORDER DATE : December 15, 2016
ORDER TIME : 3:17 PM
ORDER NO. : 423650-010
CUSTOMER NO: 4804708

FOREIGN FILINGS

NAME: APHELION PARTNERS 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: Melissa Zender -- EXT# 62956

EXAMINER: _____



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 16, 2016

CSC
MELISSA ZENDER

SUBJECT: APHELION PARTNERS LP
Ref. Number: B16000000254

RESUBMIT
Please give original
submission date as file date.

We have received your document for APHELION PARTNERS LP and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 916A00026740

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Aphelion Partners LP

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:

David Ogman

Contact Person

Firm/Company

6001 Broken Sound Parkway, Suite 424

Address

Boca Raton, FL 33487

City, State and Zip Code

david.m.ogman@gmail.com

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

For further information concerning this matter, please call:

Aaron Mikat

at (212) 574-1690

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

2016 DEC 15 AM 8:52
SECRETARY
ALL

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

- Aphelion Partners LP**

B 160000000254

Delaware

November 23, 2016

Aphelkum Partners LP

Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.

Name:

_____ ☐ Add
 _____ ☐ Remove
 _____ ☐ Change

_____ ☐ Add
 _____ ☐ Remove
 _____ ☐ Change

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_____ ☐ Add.
 _____ ☐ Remove
 _____ ☐ Change

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

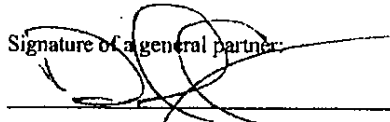
☐ The entity elects to be a limited liability limited partnership.

☐ 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: _____
(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:



Typed or printed name:

David Ogman

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

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT
COPY OF THE CERTIFICATE OF AMENDMENT OF "APHELION PARTNERS LP",
CHANGING ITS NAME FROM "APHELION PARTNERS LP" TO "APHELIUM
PARTNERS LP", FILED IN THIS OFFICE ON THE FIFTEENTH DAY OF
DECEMBER, A.D. 2016, AT 5:52 O'CLOCK P.M.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



6220781 8100
SR# 20167109682

You may verify this certificate online at corp.delaware.gov/authver.shtml


Jeffrey W. Bullock, Secretary of State

Authentication: 203534475
Date: 12-16-16

DELAWARE
CERTIFICATE OF AMENDMENT
OF
CERTIFICATE OF LIMITED PARTNERSHIP
OF
APHELION PARTNERS LP

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Under Section 17-202 of Delaware Revised Uniform Limited Partnership Act)

It is hereby certified that:

FIRST: The name of the limited partnership is Aphelion Partners LP (the "Partnership").

SECOND: Pursuant to the provisions of Section 17-202 of the Delaware Revised Uniform Limited Partnership Act, the Certificate of Limited Partnership (the "Certificate") of the Partnership is hereby amended to reflect the following changes:

Article **FIRST** of the Certificate of Limited Partnership is hereby amended to reflect a change of the name of the Limited Partnership.

Article **FIRST** of the Certificate is hereby amended and restated in its entirety to read as follows:

"FIRST: The name of the Limited Partnership is: Aphelium Partners LP (the "Partnership")."

Article **THIRD** of the Certificate that sets forth the name and address of the general partner is amended to reflect a change of the name of the general partner of the Partnership. Article **THIRD** of the Certificate is hereby amended and restated in its entirety to read as follows:

"THIRD: The name of the general partner of the Partnership is:

NAME

Aphelium Partners GP LLC

ADDRESS

6001 Broken Sound Parkway
Suite 424
Boca Raton, Florida 33487"

Aphelium Partners GP LLC
General Partner

By: 

David Ogman, Authorized Person

SK 29356 0001 7363311

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TALLAHASSEE, FLORIDA