B18000000018

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special lastructions to Filips Officer	
Special Instructions to Filing Officer:	
-	

Office Use Only



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D. SCOTT FEB 13 2018

COVER LETTER

~	tion Section of Corporations			
SUBJECT: C	heck Five LP			
30banci:		imited Partnership or Lim	ited Liability Limited I	² artnership
The enclosed an	nendment and fee(s) a	re submitted for filing		
Please return all	correspondence conc	erning this matter to:		
Cristie Ale	den			
	Contact Person	***		
Check Fiv	ve LP			
	Firm/Company		-	
1926 10th	n Ave North S	Suite 410		
	Address		-	THE TE
Lake Wort	h, FL 33461		-	
	City, State and Zip Co	ode		5 F
cristie@is	smarthealthca	are.com		
E-mail addres	ss: (to be used for future ar	inual report notification)	•	D D C
For further info	rmation concerning th	is matter, please call:		
Cristie Al	den	at (954	,729-0563	•
Name o	of Contact Person		Daytime Telephone N	umber
Enclosed is a ch	neck for the following	amount:		
S52.50 Filing 1	Fee S61.25 Filing and Certificate of Status	Fee S105.00 Filin and Certified Cop	-	y, and
STREET ADDRESS:			ING ADDRESS:	
Registration Section			Registration Section	
Division of Corporations Clifton Building			Division of Corporations P. O. Box 6327	
2661 Executive Center Circle			Tallahassee, FL 32314	
Tallahassee, FL				

AMENDMENT TO CERTIFICATE OF AUTHORITY FOR

FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP

The name of the limited partnership or lithe Florida Department of State is: Check Five LP	mited liability limited partnersh	ip as it appears on the records of
2. Document Number of Foreign Limited P	artnership or Limited Liability I	imited Partnership: B18000000018
2. The jurisdiction of its formation is: Delawa	re	
3. The date the entity was authorized to tra	nsact business in Florida is: 01-2	6-2018
4. If the amendment changes the name of t the new name:	he limited partnership or limited	liability limited partnership, enter
Acceptable Limited Partnership suffixes: L Acceptable Limited Liability Limited Partn LLLP.		v Limited Partnership L.L.ITR, or
 If the amendment changes the general pane; 	urtner(s), list the name and busin Business Address:	ness address of each general partner:
CHFive LP	1926 10th Ave North, Suite 410	
	Lake Worth, FL 33461	Remove Change
CHFive LLC	1926 10th Ave North, Suite 410	
	Lake Worth, FL 33461	☐Remove ☐Change
		∏Add
		☐Remove ☐Change
		Add
		☐Remove ☐Change
		☐Remove ☐Change
		Add
		Remove Change

7. If the amendorrected and t	dment corrects any false statement listed in the application, indicate the statement being the correction:
8. If the amen the appropriate	dment is to add or delete an election to be a limited liability limited partnership statement, check e box:
	The entity elects to be a limited liability limited partnership.
	The entity is no longer a limited liability limited partnership.
amendment(s)	an original certificate, no more than 90 days olds, evidencing the aforementioned duly authenticated by the official having custody of records in the jurisdiction under the law of ity is organized.
10. Effective (Effective date Department of	date, if other than the date of filing: cannot be prior to nor more than 90 days after the date this document is filed by the Florida i State.)
Alex Legister Typed or print	- Coddleck
Filing Fee: Certified Cor	S52.50