

B23000000041

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

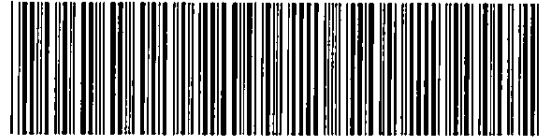
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200427687372

LLLP Amend

FILED
2024 APR 18 PM 12:03
CLERK OF COURT
JANUARY 1, 2024

A. RAMSEY
APR 19, 2024

RECEIVED
2024 APR 18 PM 1:18
CLERK OF COURT
JANUARY 1, 2024

CT CORP
(850) 656-4724
3458 lakesore Drive
Tallahassee, FL 32312

Date: 04/18/2024

Acc#I20160000072

en: c DW

Name:	Fort Myers Leased Housing Associates I, LLLP
Document #:	
Order #:	15502101

Certified Copy of Arts & Amend:	<input type="checkbox"/>			
Plain Copy:	<input type="checkbox"/>			
Certificate of Good Standing:	<input type="checkbox"/>			
Certified Copy of	<input type="checkbox"/>			
Apostille/Notarial Certification:	<input type="checkbox"/>		Country of Destination:	
			Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input type="checkbox"/>
	Plain: <input checked="" type="checkbox"/>
	COGS: <input type="checkbox"/>

Email Address for Annual Report Notifications:

--

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ **52.50**

Thank you!

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Fort Myers Leased Housing Associates I, LLLP
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:

Dan Bolles

Contact Person

Dominium

Firm/Company

2905 Northwest Blvd Suite 3500

Address

Plymouth, MN 55441

City, State and Zip Code

dan.bolles@dominiuminc.com

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

For further information concerning this matter, please call:

Dana Henderson

at (612)

604-6477

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

2024 APR 18 PM 12 03

**SECRETARY OF STATE
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:

Fort Myers Leased Housing Associates I, LLLP

2. Document Number of Foreign Limited Partnership or Limited Liability Limited Partnership: B23000000041

2. The jurisdiction of its formation is: Minnesota

3. The date the entity was authorized to transact business in Florida is: 2/3/2023

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:

Allen, Timothy S.

2905 Northwest Blvd Suite 3500

☐ Add

Plymouth, MN 55441

☒ Remove

☐ Change

Lahan, Chris D.

2905 Northwest Blvd Suite 3500

☐ Add

Plymouth, MN 55441

☒ Remove

☐ Change

Fort Myers Leased Housing Associates I, LLC

2905 Northwest Blvd Suite 3500

☐ Add

Plymouth, MN 55441

☐ Remove

☒ Change

☐ Add

☐ 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.

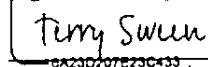
☐ The entity is no longer a limited liability limited partnership.

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: Fort Myers Leased Housing Associates I, LLC


6A23D707E23C433

Typed or printed name:

Terrence M. Sween

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