## A03000000455

Office Use Only



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## **COVER LETTER**

| <b>TO:</b> Registration Division of C  | Section<br>Corporations                             |   |  |  |  |
|--|---|---|--|--|--|
| SUBJECT: North D                       | •   |   |  |  |  |
| SUBJECT: No.                           | ame of Florida Limited Par                          | tnership or Limited Lia                   | bility Limited Partnership                                       |  |  |
| The enclosed Certifi                   | icate of Amendment a                                | nd fee(s) are submit                      | ted for filing.  |  |  |
| Please return all cor                  | respondence concerni                                | ng this matter to:                        |  |  |  |
| Gino Angella                           |   |   |  |  |  |
|  | Contact Person                                      | -   |  |  |  |
| North Dade Real Estate                 | LLLP  |   | •  |  |  |
|  | Firm/Company  |   | :<br>. • · · · · · · · · · · · · · · · · · ·                     |  |  |
| 6099 Stirling Road Suit                | e 214   |   | ) ~<br>• ( ~   |  |  |
| <del>-</del>                           | Address   |   | · · · · · · · · · · · · · · · · · · ·                            |  |  |
| Davie, FL 33314                        |   |   | =1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1                           |  |  |
| - 10                                   | City, State and Zip Code                            |   | ١ ١ ٠٠   |  |  |
| captginol@gmail.com                    |   |   |  |  |  |
| E-mail address: (to                    | be used for future annual                           | report notification)                      |  |  |  |
| For further informat                   | ion concerning this m                               | atter, please call:                       |  |  |  |
| Gino Angella                           |   | at ( 954 )                                | 512-0367   |  |  |
| Name of Conta                          | act Person  |   | Daytime Telephone Number   |  |  |
| Enclosed is a check                    | for the following amo                               | unt:                                      |  |  |  |
| ■ \$52.50 Filing Fee                   | ☐\$61.25 Filing Fee<br>and Certificate of<br>Status | ☐\$105.00 Filing Fe<br>and Certified Copy | ce S113.75 Filing Fee. Certified Copy, and Certificate of Status |  |  |
| Mailing Address:                       |   | Street Ac                                 | ldress:  |  |  |
| Registration Section                   |   | Registration Section                      |  |  |  |
| Division of Corpora                    | tions   |   | Division of Corporations The Centre of Tallahassee               |  |  |
| P.O. Box 6327<br>Tallahassee, FL 32314 |   |   | re of Tallahassee  Monroe Street, Suite 810                      |  |  |
| rananassee, fl 323                     | 17  | =   | ee, FL 32303   |  |  |

2025 APR | 8 PK | 1:

## CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

| North Dade Real Estate LLLP   |                            |                                     |  |            |
|---|----------------------------|-------------------------------------|--|------------|
| Insert name curr  | ently on file              | with Florida Depar                  | tment of State   |            |
| Pursuant to the provisions of section 620 limited liability limited partnership, who March 24, 2003 adopts the following certificate of amend | se certifica<br>gned Flori | ite was filed wit<br>da document nu | th the Florida Department of State of Imber A03000000455 | on<br>:    |
| •   |                            | s certificate of t                  | minea paraiersmp.  |            |
| This amendment is submitted to amend the fo   | _                          |                                     |  |            |
| A. If amending name, enter the new nam here:  | e of the lin               | uted partnershi                     | p or limited liability limited partners                  | hip        |
|   |                            |                                     |  |            |
| New name must be  | distinguishal              | ole and contain an                  | acceptable suffix.                                       | _          |
| Acceptable Limited Partnership suffixes: Limited Acceptable Limited Liability Limited Partnership   |                            |                                     |  |            |
| B. If amending mailing address and/o principal office address here:   | r principa                 | il office addres                    | s, enter new mailing address and/                        | <u>'or</u> |
| New Principal Office Add (Must be STREET address)   | ress:                      |                                     | 2025 A   | ı          |
| New Mailing Address: (May be post office box)   | -                          |                                     | 2025 APR 18 PA   |            |
| C. If amending the registered agent and/or  | r registered               | office address o                    | n our records, enter the name of the n                   |            |
| registered agent and/or the new registered  | office addr                | ess here:                           |  |            |
| Name of New Registered Agent:   | Gino An                    | gella                               |  |            |
| New Registered Office Address:  | 337 Isle                   | of Capri Drive<br>Enter Flo         | orida street address                                     |            |
|   | Fort Lau                   | derdale                             | . Florida 33301  |            |
|   | 1 011 1244                 | City                                | Zip Code   |            |

## New Registered Agent's Signature, if changing Registered Agent:

| amending | the general partner(s), <u>enter the</u> s                              | •  | gnature of New Registered A |
|----------|---|--|-----------------------------|
|          | ed from our records:  Name  | <u>Address</u>                                     | Type of Action              |
| _        | Jupiter Global Inc  | 6099 Stirling Road Suite 214 Davie, FL 33314       | □ Add<br>□ Remove           |
| <b></b>  | Stratosphere Management LLC   | 337 Isle Of Capri Drive  Fort Lauderdale, FL 33301 |                             |
|          |   |  | ☐ Add☐ Remove               |
|          |   |  | □ Add<br>□ Remove           |
|          |   |  | □ Add<br>□ Remove           |
|          | -   |  | Remove                      |
|          | ed partnership or limited liability<br>ship" status, enter change here: |  |                             |

|  | nge(s) here: (Attach additional sheets, if necessary.)  |
|--|---|
|  |   |
|  |   |
|  |   |
| ffective date, if other than the date of filing:   | the date this document is filed by the Florida Department of  |
| ate.)  |   |
| ote: If the date inserted in this block does not meet the applice listed as the document's effective date on the Department of   |   |
|  |   |
| gnature(s) of a general partner or all general pa  | artners*:   |
| NOTE: Only one current general partner is required to sign moving a "limited liability limited partnership" election state   | this document unless the limited partnership is adding or ement. Chapter 620, F.S., requires all general partners to sign |
| nen adding or removing a "limited liability limited partnershi   |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
| gnature(s) of all new or dissociating general par  | rtner(s), if any  |
| Sin F Brulla President   | MANAGER   |
| tupten Global Inc.   | STRATOSPHENE MANAGEMENT LLC   |
| Several Pantras of   | G. PACTHER N. DAOE REAL ESTATE  |
| Joseph Bade Real Estate LLP  | 2025  |
| THE THE PARTY OF T | A PR  |
| ling Fee: \$52.50  | ₹ 18<br>218   |
| Certified Copy (optional): \$52.50<br>Certificate of Status (optional): \$8.75   | 76. <del>p</del><br>⊐K  |