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COVER LETTER

TO:	Registration S Division of Co				
SHRI	FCT: GATOR E	DWARDS PARTNERS.	LLLP		
3000	Nan	ne of Florida Limited Part	nership or Limited 1	iability.	Limited Partnership
The e	nclosed Certific	ate of Amendment an	id fee(s) are subn	nitted fo	or filing.
Please	return all corre	spondence concernin	g this matter to:		
GARY	PRESTON				
		Contact Person		-	
GATO	R INVESTMENT	S			
		Firm/Company		-	
7850 N	W 146TH STREE	T. FOURTH FLOOR			
		Address		=	
MIAM	LAKES, FLORI	DA 33016			
	С	ity, State and Zip Code		-	
GPRE	STON@GATORI	NV.COM			
E	-mail address: (to l	be used for future annual	report notification)	•	
For fu	rther information	on concerning this ma	uter, please call:		
GARY PRESTON			_at (949-90	49, EXT. 162
	Name of Contac	t Person	Area Code ar	nd Daytir	ne Telephone Number
Enclo	sed is a check f	or the following amou	unt:		
S \$52	.50 Filing Fee	□\$61.25 Filing Fee and Certificate of Status	S105.00 Filing and Certified Cop		☐\$113.75 Filing Fee, Certified Copy, and Certificate of Status
Regis Divis P.O. I	ng Address: tration Section ion of Corporati Box 6327 nassee, FL 3231		Registr Division The Ce 2415 N	entre of I. Monr	

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

GATOR EDWARDS PARTNERS, LLLP		
Insert name currently on file	e with Florida Depart	ment of State
Pursuant to the provisions of section 620.1202, Fl limited liability limited partnership, whose certific APRIL 7, 2003 adopts the following certificate of amendment to in	cate was filed with rida document nur	the Florida Department of State on nber A03000000564
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the linere:	imited partnership	or limited liability limited partnership
New name must be distinguish	able and contain an a	eceptable suffix.
Acceptable Limited Partnership suffixes: Limited Partnersh Acceptable Limited Liability Limited Partnership suffixes: I		
B. If amending mailing address and/or princip principal office address here: New Principal Office Address: (Must be STREET address)	oal office address	enter new mailing address and/or
New Mailing Address: (May be post office box)		1 SEP 29
C. If amending the registered agent and/or registered registered agent and/or the new registered office addresses		our records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Flor	ida street address
	City	Florida Zip Code

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

		If Changing Registered Age	If Changing Registered Agent, Signature of New Registered		
· · · · · · · · · · · · · · · · · ·					
r remov	tine general partner(s), <u>en</u> ed from our records:	ter the name and business addre	ss of each general part		
<u>itle</u>	<u>Name</u>	Address	Type of Action		
<u>.</u>			□ Add		
					
			— •		
			,		
		 	 		
			☐ Remove		

 $(\underline{\textbf{NOTE:}}\ \ \textit{If adding or removing" limited liability limited partnership" status, all general partners must sign this amendment.)$

• •	on, enter change(s) here: (Attach additional sheets, if necessary.) TED PARTNERSHIP IS DELETED IN ITS ENTIRETY AND
AMENDED AS FOLLOWS:	
"7. THE TERM OF THE PARTNERSHIP SH	ALL BE PERPETUAL UNLESS SOONER TERMINATED
OR DISSOLVED BY OPERATION OF LAW	OR AS OTHERWISE PROVIDED PURSUANT
TO THIS CERTIFICATE."	
State.)	90 days after the date this document is filed by the Florida Department of meet the applicable statutory filing requirements, this date will not
	equired to sign this document unless the limited partnership is adding or "election statement. Chapter 620, F.S., requires all general partners to sign
GATOR EDWARDS PARTNERS, LLLP	
GATOR EDWARDS/INVESTORS INC. GENERAL PA	RTNER
Signature(s) of all new or dissociating	general partner(s), if any:
Filing Fee: S52. Certified Copy (optional): S52. Certificate of Status (optional): S8.	50