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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ALLEY MAASS ET AL (SJH)

Account Number : I19990000280 : (561)659-1770 Phone : (561)833-2261 Fax Number

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LP/LLLP AMENDMENT/RESTATEMENT/CORRECTION

MANSON FAMILY PARTNERSHIP, LTD.

Certificate of Status	0
Certified Copy	1
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10 July 25, 2018 5150PM

## CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

MANSON FAMILY PARTNERSHI	P, LTD.		
Insert name curr	ently on file with Florida	Department of State	
12/8/1993 ass	se certificate was file igned Florida docume	H with the Florida Department of State on on number A93000001307	
adopts the following certificate of amend	dment to its certificate	of limited partnership.	
This amendment is submitted to amend the fo	ollowing:		
A. If amending name, enter the new name	e of the limited partne	rship or limited liability limited partnership	
New name must be	distinguishable and contai	n an acceptable suffix	
Acceptable Limited Partnership suffixes: Limited Acceptable Limited Liability Limited Partnership	l Partnership, Limited, L.F	P., LP, or Ltd.	
B. If amending mailing address and/o principal office address here:	or principal office ad	dress, enter new mailing address ond/or	
New Principal Office Add (Must be STREET address)	ress;	W 28	
New Mailing Address: (May be post office box)		FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA FLORID	
C. If amending the registered agent and new registered agent and/or the new registered		dress on our records, enter the name of the e:	
Name of New Registered Agent:	STUART J HAFT	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	340 ROYAL POINCIANA WAY STE 321  Enter Florida street address		
	PALM BEACH	Florida 33480	

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City

H180001710833

Zip Code

## B180001710833

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

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

If Changing Registered Agent, Signature of New Registered Agent

D. If amending the general partner(s), enter the name and business address of each general partner being added or removed from our records:

Tide	<u>Name</u>	Address	Type of Action
GP	WILLIAM J MANSON JR	291 JAMAICA LN PALM BEACH FL 33480 ** DECEASED **	☐ Add ☐ Remove
	<del></del>		Add Remove
			Add Remove
			Add
			FILED
			Add Removed

E. If the limited partnership or limited liability limited partnership is amending its "limited liability limited partnership" status, enter change here:

- ☐ This Limited Partnership hereby elects to be a "Limited Liability Limited Partnership."
- ☐ This Limited Partnership hereby removes its "Limited Liability Limited Partnership" status.

(NOTE: If adding or removing" limited liability limited partnership" status, all general partners must sign this amendment.)

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