

(((H12000306009 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : BARNETT, BOLT, KIRKWOOD, LONG

Account Number : 072731001155 Phone : (813)253-2020

\*\*Enter the email address for this business entity to be used for muture annual report mailings. Enter only one email address please.

mail	Address	1
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## LP/LLLP AMENDMENT/RESTATEMENT/CORRECTION 5C OF CENTRAL FLORIDA, LLLP

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**EXAMINER** 

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## CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

## 5C OF CENTRAL FLORIDA, LLLP Insert name currently on file with Plorida Department of State

Pursuant to the provisions of section 620. limited liability limited partnership, whos April 28, 1999, assig	e certificate was filed wit med Florida document nu	h the Florida De mber A9	partment of State on 9000000706	
adopts the following certificate of amenda	ment to its certificate of l	imited partnersh	ip.	
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name here:	of the limited partnership	or limited light	lty limited partnership	
New name must be d	istinguishable and contain an	soceptable suffix.		
Acceptable Limited Partnership suffixes: Limited Acceptable Limited Liability Limited Partnership  B. If amending mailing address and/or principal office address here:  New Principal Office Address (Must be STREET address)  New Mailing Address; (May be past office box)	suffixes: Limited Liability Lim principal office addres	ited Partnership, L		
C. If amending the registered agent and/o new registered agent and/or the new register	or registered office addres red office address here:	s on our records	enter the name of the	
Name of New Registered Agent:	Ida Raye Chernin		· · · · · · · · · · · · · · · · · · ·	
Now Registered Office Address:	571 West Kings Highway  Enter Florida street address			
	Center Hill	, Florida _	33514	
	Clry		Zip Code	

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

I hereby accept the appointment as registered agent a comply with the provisions of all statutes relative to the	he proper an	d complete per		
am familiar with and accept the obligations of my pos	nuon as regi	sterea agent.		_
	10		alo	5

If Changing Registered Agent, Signature of New Registered Agent
Ida Raye Chernin

D. If amending the general partner(s), enter the name and business address of each general partner being

added or removed from our records: Title <u>Name</u> Address Type of Action 17949 Cachet Isle Drive Tampa, FL 33647 GP Marshall Chernin DbA 🔲 Remove 571 W. Kings Highway Center Hill, FL 33514 ∐∧dd GP\_\_ Alex Chernin Remove 571 W. Kings Highway Center Hill, FL 33514 GP Adam Chemin Remove 571 W. Kings Highway Center Hill, FL 33514 Add GP Ida Raye Chernin, as Personal Representative of the Estate of Marshall Remove M. Chernin □ Add Remove Remove

	limited partnership or limited liability limited partnership is amending its "limited liability artnership" status, enter change here:
This	s Limited Partnership hereby elects to be a "Limited Liability Limited Partnership."
This	s Limited Partnership hereby removes its "Limited Liability Limited Partnership" status.
NOTE: 10	adding or removing" limited liability limited partnership" status, all general partners must sign this amendment,

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F. If amending any other info	rmation, enter	change(s)	here: (Attach addition	al sheets, if necessary.)
<u> </u>	<u></u>			
Effective date, if other than the date	te of filing:			
(Effective date cannot be prior to nor mo State.)	re than 90 days o	after the dat	te this document is filed b	y the Florida Department of
Signature(s) of a general partner	r or all gener	al partne	r <u>s*:</u>	
(*NOTE: Only one current general parts removing a "limited liability limited parts when adding or removing a "limited liabi	nership" election	statement.	Chapter 620, F.S., requir	d partnership is adding or sea all general partners to sign
f.		·	X	May -
Alex Chernin		_/	Adam Chernin	
	<del></del>			
Signature(s) of all new or dissoci	iating genera	] nartner	(s) if any:	
Vola Raye Ch	Berieu	)	(B)( 11 <b>611</b> ).	
Ida Raye Chernin, as Person Representative of the Estat	Mal te of			
Marshall M. Chernin				
<u> </u>				
	-			
Filing Fee: Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$52.50 \$8.75			