Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H12000000262 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617~6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone : (850)222-1092

Fax Number

: (850)878~5368

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

Email Address:

EP/LLLP AMENDMENT/RESTATEMENT/CORRECTION **EXCEL FAMILY PARTNERS, LLLP** 

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$52.50

T. CLINE

Electronic Filing Menu

Corporate Filing Menu

Help

## CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

Excel Family Partners, LLLP (Insert name currently on file with Florida Department of State) Pursuant to the provisions of section 620.1202, Florida Statutes, this Florida limited partnership or limited liability limited partnership, whose certificate was filed with the Florida Department of State on 10/29/2010 \_\_\_, assigned Florida document number A10000000676 adopts the following certificate of amendment to its certificate of limited partnership. This amendment is submitted to amend the following: A. If smending name, enter the new name of the limited partnership or limited liability limited partnership <u>here</u>: (New name must be distinguishable and contain an acceptable suffix.) 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. B. If amending mailing address and/or principal office address, enter new mailing address and/or principal office address here: New Principal Office Address: (Must be STREET address) New Mailing Address: (May be post office box) C. If amending the registered agant and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: (Enter Florida street address)

Page 1 of 3

(City)

## 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:

Title	<u>Name</u>	Address	Type of Action
	Bruce A. Cassidy	PO Box 110546 Lakewood Ranch, FL 34211	_ ☐ Add ☐ Remove
<del></del>	Fortress Holdings, LLC	PO Box 110546 Lakewood Ranch, FL 34211	Add LO3-49666
			☐ Add ☐ Remove
			Add Remove
<del></del>			D Add STAY OF THE Remove OF THE PARTY OF THE
	***************************************		□ Add □ Remove □

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

ם	This Limited Partnershi	hereby elects to b	e a "Limited Liabilit	v 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.)

•	
Sective date, if other than the date of filing:  Sective date cannot be prior to nor more than 90 days after the date this document is filed b	y the Florida Department of
(e.)	, , , , , , , , , , , , , , , , , , , ,
gnature(s) of a general partner or all general partners*:	
NOTE: Only one current general partner is required to sign this document unless the limited moving a "limited liability limited partnership" election statement. Chapter 620, F.S., requir	d parmership is adding or es all general partners to sign
nen adding or removing a "limited liability limited partnership" election statement.)	
ortress Hertings, LLC	
sy: Von ( hand)	
Bruce A. Cassidy, Member	<del></del>
STEEN LIVE SHOPE LIVE SHOPE SH	many .
<del></del>	
ignature(s) of all new or dissociating general partner(s), if any:	de tre
gnature(s) of all new or dissociating general partner(s), if any:	ETARY
	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
	2888 7888 7886
	-3 SSEC FI
ignature(s) of all new or dissociating general partner(s), if any:  Bruce A. Cassidy	SSEC -3
Bruce A. Cassidy	SSEC FL
	SSECT A