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FEB 1 9 2013

## H 1 3 0 0 0 0 3 8 2 4 3 ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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13 FEB 18 AM 8: 09

ALTERIANT OF STATE

JALLAHASSEE, FLORIDA

	(A Florida Limited Liability Company)	
FIRST:	The Articles of Organization were filed on and assigned document number	
SECONI	: This amendment is submitted to amend the following:	_
	ADD: GUSTAVO A - ALEJOS (N	16RM)
	1000 Brickell AVE STE 335	
	August 1	
	Miami FL 33131	
	·	
	,	
		•
Dated		
Dated	1	
		:
	A ACUT	
	Signature of a member or anthorized representative of a member	<del>.</del>
	Gustavo A. Aletos	· :
	Typed or printed name of signee	· • ·

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZARTH, P.A. Account Number : 076077001702

: (407)841-1200 Phone

Fax Number : (407)423-1631

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Email Address:

#### LP/LLLP AMENDMENT/RESTATEMENT/CORRECTION THOMAS J. GAST FAMILY PARTNERSHIP LLLP

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$105.00

LYD 019492/034474

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K. SALY EXAMINER

FEB 19 2013

https://efile.sunhiz.org/scripts/efilcovr.exe

2/15/2013

February 18, 2015

FLORIDA DEPARTMENT OF STATE

THOMAS J. CAST FAMILY PARTNERSHIP LLLP Of Corporations 1601 S HIGHLAND AVE SUITE A CLEARWATER, FL 33756

SUBJECT: THOMAS J. GAST FAMILY PARTNERSHIP LLLP REF: A09000000753

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Every corporation, limited partnership, general partnership, limited liability company or trust listed as a general partner of a limited partnership, general partnership, or registered limited liability limited partnership must have an active registration/filing on file with this office before this filing can be completed. We are enclosing the appropriate instructions and/or forms for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6870.

Karen A Saly Regulatory Specialist II FAX Aud. #: H13000036892 Letter Number: 013A00003882

CORRECTED DOCUMENT IS ATTACHED, PLEASE FILE WITH THE ORIGINAL SUBMITTAL DATE ON FEBRUARY 15, 2013.

RECEIVED 13 FEB 18 PHIZ: 34 SECRETARY OF STATE

P.O BOX 6327 - Tallahassee, Florida 32314

DEAN MEAD ORLANDO

(((H130000368923)))

<u>THOMAS J. GAST FAMILY PARTNERSHIP LLLP</u>

FILED

13 FEB 15 AM 8: 14

MARKETANDLOF STATE

#### CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

## 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 10/26/2009 \_, assigned Florida document number <u>A09000000753</u> adopts the following certificate of amendment to its certificate of limited partnership. This amendment is submitted to amend the following: A. If amouding name, enter the new name of the limited partnership or limited liability limited partnership here: 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 amonding the registered agent 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 , i lorida \_ City Zip Code

Page 1 of 3

614295 pdf

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		If Changing Registered Agent, Si	gnature of New Registered Age
	the general partner(s), <u>enter</u> ed from our records:	the name and business address c	of each general partner b
Title	<u>Name</u>	Address	Type of Action
	Thomas J. Gast	1601 S. Highland Ave. Suite A Clearwater, FL 33756	Add  ✓ Remove
	Thomas J. Gast.	1601 S. Highland Ave. Sulte A Clearwater, FL 33756	Add Remove
			Add i
			Add Remove
			Add Remove
			Add Remove
		ability limited partnership is am	Remove

Page 2 of 3 (((H13000036892 3)))

# DEAN MEAD ORLANDO

(((H13000036892 3)))

Established and the second of the second	
Effective date, if other than the date of filing:  (Effective date cannot be prior to nor more than 90 days after the date this docume State.)	em is filed by the Florida Department o
Signature(s) of a general partner or all general partners*:	
(*NOTE: Only one current general partner is required to sign this document unless removing a "limited liability limited partnership" election statement. Chapter 620, when adding or removing a "limited liability limited partnership" election statement.	F.S., requires all general partners to si
3	
Thomas J. Sast	
Signatura(s) of all new or dissociating general partner(s), if any:	
Cia	
- Janet -	
Thornas J. Gast, as Trustee	,
Filing Fee: \$52.50 Certified Copy (optional): \$52.50	

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