(Requestor's Name)			
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A CONTRACTOR OF THE CONTRACTOR

SUNSHINE CORPORATE

3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724 850-508-1891 (cell)

Date:

Ref#

Name:	Dik	limited		
Document #:	~ /	i		
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Thank you!

COVER LETTER

	gistration S vision of C	Section Corporations				
SUBJECT	D 0	•	ARTNERSHIP	•		
SUBJECT	•		ed Partnership or Limited Li		<u> </u>	
The enclos	ed amend	ment and fee(s) are su	bmitted for filing.			
Please retu	rn all corr	espondence concernir	ng this matter to:			
Dolore	s Bur	ton				
	 	Contact Person				
United	Corp	orate Service	es, Inc.			
		Firm/Company				
100 S	tate St	treet, Suite 80	00			
		Address				
Albany				Zo	23	
	. (City, State and Zip Code			M FIE	T
				HAS HAS	#PR 24	
E-mail	address: (to	be used for future annual	report notification)	SEE		TH
For further	informati	on concerning this ma	atter, please call:		U	U
			at ()		1: 34	
Ŋ	lame of Cor	atact Person	Area Code and Daytir	ne Telephone Numbe		
Enclosed is	s a check t	for the following amo	unt:			
\$52.50 F	iling Fee	\$61.25 Filing Fee and Certificate of Status	\$105.00 Filing Fee and Certified Copy	\$113.75 Filing Fee, Certified Copy, and Certificate of Status		
STREET	ADDRES	S:	MAILING A			
Registration Section		Registration Section				
Division of Corporations Clifton Building		Division of Corporations P. O. Box 6327				
2661 Executive Center Circle			Tallahassee,	_ ,		
Tallahasse	e, FL 323	01				

AMENDMENT TO CERTIFICATE OF AUTHORITY FOR FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP

1. The name of the limited partnership or limited the Florida Department of State is: D & K Limited Partnership	liability limited partnership as it appears o	n the records of
2. Document Number of Foreign Limited Partners	hip or Limited Liability Limited Partnersh	ip: <u>B17000000049</u>
2. The jurisdiction of its formation is: Delaware		_
3. The date the entity was authorized to transact b	usiness in Florida is: 2-21-2017	_
4. If the amendment changes the name of the limit the new name:	ted partnership or limited liability limited	partnership, enter
Acceptable Limited Partnership suffixes: Limited Acceptable Limited Liability Limited Partnership s LLLP.	suffixes: Limited Liability Limited Partner	<u>ה</u> ב
5. If the amendment changes the general partner(s Name:	s), list the name and business address of ea <u>Business Address:</u>	の を の を の の の の の の の の の の の の の
Sagi Genger	10031 W Broadview Rd, Bay Harbor Island, FL 33154	Add Remove Change
D & K GP LLC	170 Chilean Avenue, Apt 6B, Palm Beach, Fl. 33480	Add Remove Change
Mark Kesselman	170 Chilean Avenue. Apt 6B, Palm Beach, Fl. 33480	Add Remove Change
		Add Remove Change
		Add Remove Change
	· · · · · ·	Add Remove Change

6. If the amendment changes the jurisdiction of organizatio	n, indicate new jurisdiction:
7. If the amendment corrects any false statement listed in the corrected and the correction:	e application, indicate the statement being
8. If the amendment is to add or delete an election to be a little appropriate box:	mited liability limited partnership statement, check
The entity elects to be a limited liability lin	nited partnership.
The entity is no longer a limited liability li	mited partnership.
9. Attached is an original certificate, no more than 90 days amendment(s), duly authenticated by the official having cus which this entity is organized.	olds, evidencing the aforementioned tody of records in the jurisdiction under the law of
10. Effective date, if other than the date of filing: (Effective date cannot be prior to nor more than 90 days aft Department of State.)	er the date this document is filed by the Florida
Signature of a general partner:	
/s/ Mark Kesselman	As ~
Typed or printed name:	SECRE N
Mark Kesselman	APR 24 AFR 24 AHASSE
Filing Fee: \$52.50 Certified Copy (optional): \$52.50 Certificate of Status (optional): \$8.75	A 24 P 1: 3 ASSEE FLORID

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