

A12000000704

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

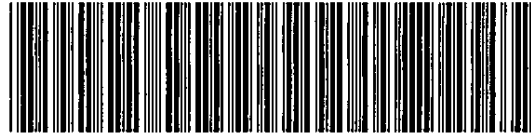
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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17 JUN -8 AM 10:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. WARREN

JUN 09 2017

LAUREN N. GERACI, LLC

LAUREN N. GERACI, ESQUIRE

514 NORTH FRANKLIN STREET, SUITE 106
TAMPA, FLORIDA 33602

TELEPHONE:
(813) 690-5955
E-MAIL: LAUREN@LNGERACI.COM

June 6, 2017

VIA U.S. MAIL

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Amendment to Certificate of Limited Liability Limited Partnership

To Whom It May Concern:

With this letter I request processing on behalf of Louis Geraci, LLLP, the attached amendment. Enclosed you will find the completed amendment cover letter, amendment forms, and check in the amount of \$52.50.

Please contact me should you have any further questions, comments or concerns.

Sincerely,

Lauren N. Geraci, LLC

A handwritten signature in black ink that reads "Lauren Geraci". The signature is written in a cursive, flowing style.

Lauren N. Geraci

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Louis Geraci, LLLP
Name of Florida Limited Partnership or Limited Liability Limited Partnership

The enclosed Certificate of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Peter Geraci
Contact Person
Louis Geraci, LLLP
Firm/Company
2702 Wilson Circle
Address
Lutz, FL 33548
City, State and Zip Code
kkramer3k@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lauren Geraci at (813) 690-5955
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$52.50 Filing 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 ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

**CERTIFICATE OF AMENDMENT
TO
CERTIFICATE OF LIMITED PARTNERSHIP
OF**

Louis Geraci, 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 1/03/17, assigned Florida document number A12000000704, adopts the following certificate of amendment to its certificate of limited partnership.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited partnership or limited liability limited partnership here:

N/A

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)

N/A

New Mailing Address:
(May be post office box)

N/A

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SECRETARY OF STATE

C. If amending 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:

Annis, Natalie C

New Registered Office Address:

100 N. Tampa Street, Ste. 2700

Enter Florida street address

Tampa
City

Florida

33602

Zip Code

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:

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
GP	Peter A Geraci	2702 Wilson Cir. Lutz, FL 33548	☐ Add ☒ Remove
GP	N. Geraci & Co., Inc.	2702 Wilson Cir. Lutz, FL 33548	☒ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

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STATE OF FLORIDA
CLERK OF THE CIRCUIT COURT
IN AND FOR THE COUNTY OF HILLSBORO

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.***)**

F. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

N/A

Effective date, if other than the date of filing: _____

(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

Signature(s) of a general partner or all general partners*:

(*NOTE: Only one current general partner is required to sign this document unless the limited partnership is adding or removing a "limited liability limited partnership" election statement. Chapter 620, F.S., requires all general partners to sign when adding or removing a "limited liability limited partnership" election statement.)

Peter A. Geraci

Pete Geraci

Signature(s) of all new or dissociating general partner(s), if any:

N. Geraci & Co., Inc., Peter A. Geraci

Pete Geraci, President

Filing Fee: \$52.50
Certified Copy (optional): \$52.50
Certificate of Status (optional): \$8.75

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA