O 04/28/2021,6:31 AM Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053

Phone : (561)694-8107

Fax Number

: (561)214-8442

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

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LP/LLLP AMENDMENT/RESTATEMENT/CORRECTION DE QUESADA LIMITED PARTNERSHIP I

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

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CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

DE QUESADA LIMITED PARTNERSHIP I	
Insert name currently on file	e with Florida Department of State
	orida Statutes, this Florida limited partnership or rate was filed with the Florida Department of State on rida document number A98000002708
adopts the following certificate of amendment to i	ts certificate of limited partnership.
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the linere:</u>	mited partnership or limited liability limited partnership
New name must be distinguishe	able and contain an acceptable suffix.
Acceptable Limited Partnership suffixes: Limited Partnershi Acceptable Limited Liability Limited Partnership suffixes: L B. If amending mailing address and/or princip principal office address here:	ip, Limited, L.P., LP, or Ltd. imited Liability Limited Partnership, L.L.I.P. or LLLP. oal office address, enter new mailing address and/or
New Principal Office Address: (Must be STREET address)	
New Mailing Address: (May be post office box)	APR 28
C. If amending the registered agent and/or registere registered agent and/or the new registered office add	d office address on our records, enter the name of the new lress here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	. Florida
	Cin: Zin 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>	Address	Type of Action
GP	Alejandro M. de Quesada	8408 BENJAMIN ROAD TAMPA, FL 33634	☐ Add ☐ Remove
<u>GP</u>	THE ALEJANDRO M. DE QUESADA REVOCABLE TRUST	8408 BENJAMIN ROAD TAMPA, FL 33634	
			
			Q Add Remove
 			

- 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.)

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Certificate of Status (optional):

\$8.75