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COVER LETTER

TO: Registratio				
Division of Corporations Nils E. Sundquist Family Limited Partnership				
SUBJECT:	Sanoquist raining Elimico i	artirership		
<u> </u>	Name of Florida Limited Par	tnership or Limited Liabilit	y Limited Partnership	
The enclosed Cert	ificate of Amendment ar	nd fee(s) are submitted	for filing.	
Please return all co	orrespondence concernir	ng this matter to:		
Dean Sundquist				
	Contact Person			
4315 Oakview Lane	Firm/Company			
	Address			
Plymouth, Minnesota	55442			
dean.sundquist@me.	City, State and Zip Code com			
E-mail address:	(to be used for future annual	report notification)		
For further inform Dean Sundquist	ation concerning this ma	612-812-3405		
Name of Co	ntact Person	at () Area Code and Day	time Telephone Number	
Enclosed is a chec	ck for the following amo	ount:		
■ \$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	
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

Nils E. Sundquist Family Limited Partners	ship		
Insert name cur	rently on file	with Florida Depa	rtment of State
Pursuant to the provisions of section 620 limited liability limited partnership, who January 23, 2022, assadopts the following certificate of amen	ose certific signed Flor	ate was filed wi	th the Florida Department of State on Imber A00000000757
This amendment is submitted to amend the f			
A. If amending name, enter the new name here:	_	mited partnershi	p or limited liability limited partnership
New name must be	distinguish	able and contain an	acceptable suffix.
Acceptable Limited Partnership suffixes: Limite Acceptable Limited Liability Limited Partnersh	ip suffixes: I.	imited Liability Lin	sited Partnership, L.L.L.P. or LLLP.
B. If amending mailing address and/ principal office address here:	or princip	oal office addre	ss, enter new mailing address and/or
New Principal Office Add	dress:	775 Creighton Road	
(Must be STREET address)		Fleming Island, Flor	ida 32003
New Mailing Address:		775 Creighton Road	
(May be post office box)		Fleming Island, Flor	ida 32003
C. If amending the registered agent and/or registered agent and/or the new registere	or registere d office add	ed office address o dress here:	on our records, <u>enter the name of the new</u>
Name of New Registered Agent:	Kristen (Gentry	
New Registered Office Address:	775 Crei	ghton Road Enter Fl	orida street address
	Floreign		, Florida 32003
	Fleming	City	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 l
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>	Name	Address	Type of Action
Constrail Partner	Nils E. Sundquist	258 Silverado Drive Naples, Florida 34119	_
General Partner	Dean Sundquist	4315 Oakview Lane Plymouth, Minnesota 55442	_ Add _ Remove
			_
			_
			_
			_ □ 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.)

F. If amending any other infor	mation, ente	er change(s)	here: (Attack	additional st	neets, if necessary.)
				<u></u>	
		•·· <u>·</u>	-		
Effective date, if other than the date (Effective date cannot be prior to nor mor State.) Note: If the date inserted in this block does be listed as the document's effective date	e than 90 day. es not meet the	s <i>after the dat</i> e applicable st	atutory filing re		
Signature(s) of a general partner	or all gene	eral partne	<u>rs*:</u>		
(*NOTE: Only one current general partn removing a "limited liability limited partn when adding or removing a "limited liabil	ership" election	on statement.	Chapter 620, F	S., requires al	tnership is adding or l general partners to sign
				 .	
					
Signature(s) of all new or dissoci	ating gener	ral partner	(s), if any:		
	-			•	
					
Filing Fee:	\$52.50				
Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$8.75				