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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : COMPUTERSHARE
 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.

Email Address:

Email	Address:	-,

LP/LLLP AMENDMENT/RESTATEMENT/CORRECTION THE PERLOFF ENTERPRISES LIMITED LIABILITY LIMITED PA

Certificate of Status	0
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CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

THE PERLOFF ENTERPRISES LIMITED LIABILITY LIMITED PARTNERSHIP

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 or				
adopts the following certificate of amendment to				
This amendment is submitted to amend the following:	:			
A. If amending name, enter the new name of the here:	limited partnersh	nip or limited liability limited par	tnership	
New name must be distinguis	shable and contain a	n acceptable suffix.		
Acceptable Limited Partnership suffixes: Limited Partner: Acceptable Limited Liability Limited Partnership suffixes:	Limited Liability L	imited Partnership, L.L.L.P. or LLbB		
B. If amending mailing address and/or princ principal office address here:	ipal office addro	ess, enter new mailing address	<u>and/or</u> ::	
New Principal Office Address: (Must be STREET address)		. 73	ij	
New Mailing Address: (May be post office box)		: O		
C. If amending the registered agent and/or registered agent and/or the new registered office as		on our records, <u>enter the name o</u>	f the new	
Name of New Registered Agent:				
New Registered Office Address:	gistered Office Address: Enter Florida street address			
		, Florida		
	City	Zip Code		

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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	John W. Perloff	1177 SE 3rd Ave FORT LAUDERDALE, FL 33316	☐ Add ☐ Remove
GP	Beth Clay	4488 N. Star Ridge Lane APPLETON, WI 54913	
<u>GP</u>	David E. Perloff 2014 Irrevocable Trust	441 NE 13th Ave. FORT LAUDERDALE, FL 33301	■ Add □ Remove
	W.1.3323		Add Remove
			☐ 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 Liabilit	y Limited Partnership."
--	--------------	--------------	-------------------------	-------------------	-------------------------

(NOTE: If adding or removing" limited liability limited partnership" status, all general partners must sign this amendment.)

This Limited Partnership hereby removes its "Limited Liability Limited Partnership" status.

	ange(s) here: (Attach additional sheets, if necessary.)
	ed t
AB-20-0	
Effective date, if other than the date of filing:	
(Effective date cannot be prior to nor more than 90 days afte State.)	r the date this document is filed by the Florida Department of
Note: If the date inserted in this block does not meet the applied be listed as the document's effective date on the Department	
or fished as the document seffective date on the peparenent	of Suite 3 feedings.
Signature(s) of a general partner or all general j	<u>partners*:</u>
(*NOTE: Only one current general partner is required to sig removing a "limited liability limited partnership" election sta when adding or removing a "limited liability limited partners	itement. Chapter 620, F.S., requires all general partners to sign
Kunning Chen	David E. Perloff 2014 Irrevocable Trust - GP By: Kunning Chen, Attorney-in-Fact
Signature(s) of all new or dissociating general p	artner(s), if any:
Kunning Chen	David E. Perloff 2014 Irrevocable Trust - GP By: Kunning Chen, Attorney-in-Fact
Filing Fee: \$52.50 Certified Copy (optional): \$52.50	
Certificate of Status (optional): \$8.75	