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(Requestor's Name)				
(Address)				
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(Cit	ry/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nar	me)		
(Do	cument Number)			
Certified Copies	_ Certificates	s of Status		
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Amend

MAR 23 2020 I ALBRITTON

COVER LETTER

Registration Section
Division of Corporations

TO:

Division of C	orporations			
		FERRERA FA		
•			(AFFLP)	
Please return all corre	espondence concerning	g this matter to:		
AUGUSTIA	IE FERRER	A		
0.77-1.0	Contact Person			
AFFLP	P. 163			
/ala (O) i vio mu	Firm/Company	ST 0 1		
GGOI THOM.	Address	EC-1		
	20EK, FL 3	3073		
JFERRER	A P GMAIL.	(1017)		
=	oe used for future annual re			
For further information	on concerning this man	tter, please call:		
JEANETT	E PERRERA	_at $(30)2$ Area Code and Dayt	93 5604	
Name of Contac	t Person	Area Code and Dayt	ime Telephone Number	
Enclosed is a check for	or the following amou	nt:		
☑ \$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 Corporati P.O. Box 6327 Tallahassee, FL 3231		Street Addre Registration S Division of C The Centre o 2415 N. Mon Tallahassee, I	Section Corporations f Tallahassee roe Street, Suite 810	

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

AUGUSTINE FERRERA FAMILY LIMITED PARTNERSHIP

Insert name currently on file with Florida Department of State

New name must be distinguishable and contain an acceptable suffix. sceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP., or Ltd. sceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or L. If amending mailing address and/or principal office address, enter new mailing address principal office address here: New Principal Office Address: (Must be STREET address) New Mailing Address:		
New name must be distinguishable and contain an acceptable suffix. Exceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd. Exceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or L. If amending mailing address and/or principal office address, enter new mailing address principal office address here: New Principal Office Address: (Must be STREET address) New Mailing Address:	This amendment is submitted to amend the following:	
New name must be distinguishable and contain an acceptable suffix. Sceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd. Sceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or Ltd. If amending mailing address and/or principal office address, enter new mailing address principal office address here: New Principal Office Address: (Must be STREET address) New Mailing Address:		limited partnership or limited liability limited p
Exceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd. Exceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or Ltd. If amending mailing address and/or principal office address, enter new mailing address principal office address here: New Principal Office Address: (Must be STREET address) New Mailing Address:	iere.	
Dew Mailing Address: New Mailing Address: New Mailing Address: New Mailing Address:	New name must be distinguis	shable and contain an acceptable suffix.
Dew Mailing Address: New Mailing Address: New Mailing Address: New Mailing Address:	Acceptable Limited Partnership suffixes: Limited Partners	ship, Limited, L.P., LP, or Ltd.
New Principal Office Address: (Must be STREET address) New Mailing Address:		
New Principal Office Address: (Must be STREET address) New Mailing Address:	E. If amending mailing address and/or princ	inal office address, enter new mailing addre
New Principal Office Address: (Must be STREET address) New Mailing Address:		ipar office address; enter new manning addisc
(Must be STREET address) New Mailing Address:		
New Mailing Address:		
	(Must be STREET address)	
		
(May be post office box)	New Mailing Address:	
	New Mailing Address: (May be post office box)	
If amending the registered agent and/or registered office address on our records, enter the name	(May be post office hox)	
. If amending the registered agent and/or registered office address on our records, enter the nangistered agent and/or the new registered office address here:	(May be post office box) C. If amending the registered agent and/or register	red office address on our records, enter the name
	(May be post office box) C. If amending the registered agent and/or register	red office address on our records, enter the name
gistered agent and/or the new registered office address here:	(May be post office box) C. If amending the registered agent and/or register registered agent and/or the new registered office ad	red office address on our records, enter the name
	(May be post office box) C. If amending the registered agent and/or register registered agent and/or the new registered office ad	red office address on our records, enter the name
Name of New Registered Agent: New Registered Office Address:	(May be post office box) If amending the registered agent and/or registeregistered agent and/or the new registered office advised to the New Registered Agent:	red office address on our records, <u>enter the name</u> <u>idress here</u> :
gistered agent and/or the new registered office address here: Name of New Registered Agent:	(May be post office box) C. If amending the registered agent and/or registeregistered agent and/or the new registered office ad Name of New Registered Agent:	red office address on our records, <u>enter the name</u> <u>idress here</u> :
Name of New Registered Agent: New Registered Office Address:	(May be post office box) C. If amending the registered agent and/or registered agent and/or the new registered office ad Name of New Registered Agent:	red office address on our records, enter the name ddress here: Enter Florida street address

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
GENER	A <u>L MA</u> VACI	FERRERA	6001 lyons Rd Sinte C-1 Coront Crock Pl 3307:	id Add □ Remove
GOVERAL	<u>ARTINE</u> R	ROCCO FERRERIA	GOOI LYONS Rd Suite C-1 Coconut Greek, Fl 330	□ Add ☑ Remove 13
				☐ Add ☐ Remove
				☐ Add ☐ Remove
				☐ Add ☐ Remove
				☐ Add ☐ Remove
Y E. I	f the limited p	artnership or limited liability	limited partnership is amendi	ng 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 char	nge(s) here: (Attach additional sheets, if necessary.)
Effective date, if other than the date of filing: 01/16/2 (Effective date cannot be prior to nor more than 90 days after to	1020
State.) Note: If the date inserted in this block does not meet the applie	
be listed as the document's effective date on the Department of	State's records.
Signature(s) of a general partner or all general pa	artners*:
(*NOTE: Only one current general partner is required to sign removing a "limited liability limited partnership" election states when adding or removing a "limited liability limited partnership".	ment. Chapter 620 F.S. requires all general partners to sig-
_ Chrispet Joseph	
AUGUSTINE FERRERA	
Signature(s) of all new or dissociating general par	tner(s), if any:
Jeanette Ferrera	
- January Tourista	
XMM	
KACI FERRERA	
Filing Fee: \$52.50	
Certified Copy (optional): \$52.50 Certificate of Status (optional): \$8.75	