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(Requestor's Name)					
(Address)					
(Ad	dress)				
(Cit	y/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Nan	ne)			
(Do	cument Number)				
Certified Copies	_ Certificates	of Status			
Special Instructions to i	Filing Officer:				

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COVER LETTER

TO: Registration S Division of C				
SUBJECT: Gatling G	un Enterprises, LLLP			
Nai Nai	ne of Florida Limited Par	tnership or Limited Lia	ability	Limited Partnership
The enclosed Certific	cate of Amendment a	nd fee(s) are submi	tted fo	or filing.
Please return all corre	espondence concernir	ng this matter to:		
Harry Hersey III				
	Contact Person			
	Firm/Company			
580 Village Blvd Suite 1	10			
	Address			
West Palm Beach, FL 33	3409			
C	ity, State and Zip Code			
herseyh@bellsouth.net				
E-mail address: (to	be used for future annual	report notification)		
For further information	on concerning this ma	atter, please call:		
Anthony J. Sellari		at (<u>)</u>	686-11	10
Name of Contac	et Person	Area Code and	Daytir	ne Telephone Number
Enclosed is a check t	or the following amo	unt:		
S52.50 Filing Fee	☐\$61.25 Filing Fee and Certificate of Status	☐\$105.00 Filing F and Certified Copy		= = = = = = = = = = = = = = = = = = = =
Mailing Address:		Street A		
Registration Section		Registra		
Division of Corporat	ions			orporations Tallahassee
P.O. Box 6327 Tallahassee, FL 3231	4	·		roe Street, Suite 810
rananassee, fl 3231	! **			L 32303

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

Gatling Gun Enterprises, LLLP		
Insert name currently on fi	le with Florida Dep	artment of State
Pursuant to the provisions of section 620.1202, F limited liability limited partnership, whose certificate of amendment to	icate was filed w orida document n	ith the Florida Department of State on number A00000001143
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the here:	limited partnersh	ip or limited liability limited partnership
New name must be distinguis	hable and contain ar	acceptable suffix.
Acceptable Limited Partnership suffixes: Limited Partners Acceptable Limited Liability Limited Partnership suffixes:		
B. If amending mailing address and/or principal office address here:	pal office addre	ss, enter new mailing address and/or
New Principal Office Address: (Must be STREET address)		<u> </u>
New Mailing Address: (May be post office box)	•	
C. If amending the registered agent and/or registered registered agent and/or the new registered office ad		on our records, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Fi	lorida street address
		, Florida
	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 I am familiar with and accept the obligations of my position as registered agent.

If Changing Registered Agent S	Signature of New Registered Agent
- II Changing Registered Agent. 5	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
Trustee	Harry Hersey III	580 Village Blvd Suite 110 West Palm Beach, FL 33409	_
	Harry Hersey III	580 Village Blvd Suite 110 West Palm Beach, FL 33409	_ 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:

0	This Limited Pa	artnership	hereby elects	to be a '	Limited	Liability I	Limited Par	rtnership."

☐ 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 info	rmation, enter cl	nange(s) here: <i>(</i>	Attach additional .	sheets, if necessary.)
				
Effective date, if other than the da	te of filing: 1/1/2	024		
(Effective date cannot be prior to nor mo State.)			cument is filed by th	ne Florida Department of
Note: If the date inserted in this block do be listed as the document's effective date				this date will not
	,			
Signature(s) of a general partne	r or all ceneral	nartnere**		
(*NOTE: Only one current general partie			unlace the limited n	ortombio is adding or
removing a "limited liability limited part when adding or removing a "limited liab	nership" election st	atement. Chapter	620, F.S., requires	
when adding of removing a minied map	iny mineu parate	simp election state	ement.)	
J/RX				
Harry W. Hors	sey IM			
	<u>/</u>			٠.,
 				
Signature(s) of all new or dissoc	iating general p	oartner(s), if a	<u>nv</u> :	- -
				•
- · · · · · · · · · · · · · · · · · · ·				
Filing Fee: Certified Copy (optional):	\$52.50 \$52.50			
Certificate of Status (optional):	\$8.75			