A01000000441

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COVER LETTER

TO: Registration S Division of Co				
SUBJECT: HOGAN	FAMILY ENTERPRISES	S, LTD.		
Nar	ne of Florida Limited Par	tnership or Limited L	iability	Limited Partnership
The enclosed Certific	ate of Amendment ar	nd fee(s) are subm	itted fo	or filing.
Please return all corre	espondence concernin	ig this matter to:		
MILLICENT HOGAN-V	VHITELY			
	Contact Person			
	Firm/Company	<u> </u>		
91 Harrington Farms Wa				
	Address			
Shrewsbury, MA 01545				
C	ity, State and Zip Code			
WHITELYMH@AOL.	СОМ			
E-mail address: (to	be used for future annual	report notification)	•	
For further information	on concerning this ma	atter, please call:		
MILLICENT HOGAN-V	WHITELY	at (320-80	003
Name of Contac	et Person	Area Code an	d Dayti	me Telephone Number
Enclosed is a check f	or the following amo	unt:		
S52.50 Filing Fee	☐\$61.25 Filing Fee and Certificate of Status	☐\$105.00 Filing and Certified Cop		□\$113.75 Filing Fee, Certified Copy, and Certificate of Status
Mailing Address:		Street A		
Registration Section		Registr		
Division of Corporat P.O. Box 6327	ions			orporations Tallahassee
Tallahassee, FL 3231	4			roe Street, Suite 810
. 4.14.145556, 1 15 525 1	•			FL 32303

CERTIFICATE OF AMENDMENT TO SEPTEMBER OF LIMITED BARTNER

CERTIFICATE OF LIMITED PARTNERSHIP OF

FIL	ED	
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HOGAN FAMILY	ENTERPR	USES.	LTD.
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Insert name currently on file with Florida Department of State

o4/02/2001 adopts the following certificate of amendment to	ificate was filed with the Florida Department of State or Plorida document number A01000000441
adopts the following certificate of amendment to	to its certificate of limited partnership.
This amendment is submitted to amend the following	ā;
A. If amending name, enter the new name of the here:	e limited partnership or limited liability limited partnersh
New name must be distingui	ishable and contain an acceptable suffix.
Acceptable Limited Partnership suffixes: Limited Partner Acceptable Limited Liability Limited Partnership suffixes	rship, Limited, L.P., LP. or Ltd. s: Limited Liability Limited Partnership, L.L.L.P. or LLLP.
B. If amending mailing address and/or prince principal office address here:	cipal office address, enter new mailing address and/o
New Principal Office Address:	91 Harrington Farms Way
(Must be STREET address)	Shrewsbury, MA 01545
New Mailing Address:	91 Harrington Farms Way
(May be post office box)	Shrewsbury, MA 01545
C. If amending the registered agent and/or registered agent and/or the new registered office a	ered office address on our records, <u>enter the name of the naddress here</u> :
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida
	, 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,	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	<u>Address</u>	Type of Action
<u>GP</u>	Millicent Hogan-Whitely	91 Harrington Farms Way Shrewsbury, MA 01545	_ Add _ Remove
<u>GP</u>	Cynthia Hogan	1271 Church Street San Francisco, CA 94114	_
			_
			_
			_
			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 inform	mation, en	nter change(s)	here: (Attaci	h additional she	ets, if necessary.)
			 		<u>.</u> ;
Effective date if other than the date	of filing				
Effective date, if other than the date (Effective date cannot be prior to nor mor	e than 90 da	ays after the da	te this documer	it is filed by the I	lorida Department of
State.) Note: If the date inserted in this block doe be listed as the document's effective date	s not meet to on the Depa	the applicable s artment of State	tatutory filing (equirements, this	s date will not
				•	
Signature(s) of a general partner	or all ge	neral partne	ers*:		
(*NOTE: Only one current general partnermoving a "limited liability limited partnermoving a "limited liability limited l	er is require ership" elec	ed to sign this de	ocument unless Chapter 620,	F.S., requires all	nership is adding or general partners to sign
2 11	^				
James D. Hogan, general partner	in				
James D. Hogan, general partner					
				<u>-</u>	
				. <u></u> .	
Signature(s) of all new or dissoci	ating gen	eral partner	r(s), if any:		
Ma-11-11-11 A.	H-T				
Milliognt Hoggn Asthitely general part	iner()				<u>, , , , , , , , , , , , , , , , , , , </u>
Cynthia Hogan, general partner	<u> </u>				
					
					
Filing Fee:	\$52.50				
Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$8.75				