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(Requestor's Name)		
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PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
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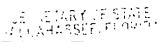
COVER LETTER

TO: Registration S Division of C				
SUBJECT: DLV FA	MILY ENTERPRISES, L	TD., LLLP		
	me of Florida Limited Par	tnership or Limited I	Liability	Limited Partnership
The enclosed Certific	cate of Amendment ar	nd fee(s) are subn	nitted f	or filing.
Please return all corr	espondence concernin	g this matter to:		
JEAN PIERRE DE LA V	VALDENE			
	Contact Person		_	
DLV FAMILY ENTER	PRISES, LTD., LLLP			
	Firm/Company		_	
606 ROBIN LANE				
	Address		_	
HAVANA, FL 32333				
C	ity. State and Zip Code		-	
JOHNNY@COWBOY	SFIT.COM			
E-mail address: (to	be used for future annual	report notification)	_	
For further informati	on concerning this ma	itter, please call:		
DEBIE LEONARD	at (668-8	100	
Name of Contac	et Person		nd Dayti	me Telephone Number
Enclosed is a check f	for the following amou	int:		
☐ \$52.50 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: 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

FILED

2024 APR 24 AM 11: 25



DLV FAMILY ENTERPRISES, LTD., LLLP

Insert name currently on file with Florida Department of State

Pursuant to the provisions of section 620 limited liability limited partnership, who MARCH 28, 2023 assi	se certi	ficate was filed w	ith the Florida Department of State on
adopts the following certificate of amend	dment to	o its certificate of	limited partnership.
This amendment is submitted to amend the fo	ollowing	:	
A. If amending name, enter the new nam here:	e of the	limited partnersh	ip or limited liability limited partnership
N/A			
New name must be	distingui	shable and contain a	i acceptable suffix.
Acceptable Limited Partnership suffixes: Limited Acceptable Limited Liability Limited Partnership			
B. If amending mailing address and/o principal office address here:	or princ	cipal office addre	ess, enter new mailing address and/or
New Principal Office Add	ress:	N/A	
(Musi be STREET address)			
		 -	
New Mailing Address:		<u>N/A</u>	
(May be post office box)			·
C. If amending the registered agent and/or registered agent and/or the new registered			on our records, <u>enter the name of the new</u>
Name of New Registered Agent:	<u>JEAN</u>	N PIERRE DE LA V	ALDENE
New Registered Office Address:	N/A		
		Enter F	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.

D. If amending the general partner(s), enter the name and business address of each general partner being added or removed from our records:

Title	<u>Name</u>	Address	Type of Action
	GUY DE LA VALDENE	606 ROBIN LANE HAVANA, FL 32333	☐ Add ☐ Remove
	THERESE DE LA VALDENE	606 ROBIN LANE HAVANA, FL 32333	_ □ Add ■ Remove
	JEAN P DE LA VALDENE	606 ROBIN LANE HAVANA, FL 32333	_ ■ 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:

u	This Limited	Partnership h	iereby elects to be	e a "Limited Liability	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.

F. If amending any other information, ent	ter change(s) here: (Attach additional sheets, if necessary.)
N/A	
Effective date, if other than the date of filing:	
(Effective date cannot be prior to nor more than 90 day State.)	ys after the date this document is filed by the Florida Department of
Note: If the date inserted in this block does not meet the	ne applicable statutory filing requirements, this date will not
he listed as the document's effective date on the Depar	tment of State's records.
Signature(s) of a general partner or all gen	eral partners*:
(*NOTE: Only one current general partner is required	I to sign this document unless the limited partnership is adding or
removing a "limited liability limited partnership" election	ion statement. Chapter 620, F.S., requires all general partners to sig-
when adding or removing a "limited liability limited pa	artnership" election statement.)
Occusioned by Occusioned by	
JO C. 1 (1)	
Signature(s) of all new or dissociating gene	ral partner(s), if any:
OocuSigned by.	
go da am	
AZED88AJZASTAF3	
Filing Fee: S52.50	
Certified Copy (optional): \$52.50 Certificate of Status (optional): \$8.75	
Continue or Camping (Management) (2004)	