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2021 DEC - 1 AM II: 47
SCORELABY OF STATE
PART ANALYSIS

APPROVED AND FILED

## \* COVER LETTÉR

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TO: Registration Division of O	Corporations		
SUBJECT: 6/	ARCIA VENT	TUTES, LTD	y Limited Partnership
The enclosed Certif	cate of Amendment a	nd fee(s) are submitted	for filing.
Please return all cor	respondence concernii	ng this matter to:	
	Contact Person  T Line O.1 C  Firm/Company  N 20 th S  Address  FL 336  City, State and Zip Code  Code Of Code Of Code  See Used for future annual	05	
For further informat	ion concerning this ma	atter, please call:	
NICK GA	RCIA	at ( <u>813)</u>	63-3457
Name of Conta	ict Person	Area Code and Days	time Telephone Number
Enclosed is a check	for the following amo	unt:	
☐ \$52.50 Filing Fee	361.25 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 Corpora P.O. Box 6327 Tallahassee, FL 323	tions		Section Corporations f Tallahassee troe Street, Suite 810

## CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

GARCIA VENTO	URES LTD 1 file with Florida Department of State
Insert name currently or	i file with Florida Department of State
limited liability limited partnership, whose cert	Florida Statutes, this Florida limited partnership or tificate was filed with the Florida Department of State on Florida document number Ab20000/06.7 to its certificate of limited partnership.
This amendment is submitted to amend the followin	ā:
A. If amending name, enter the new name of the here:	e limited partnership or limited liability limited partnership
New name must be distingu	sishable and contain an acceptable suffix.
Acceptable Limited Partnership suffixes: Limited Partne Acceptable Limited Liability Limited Partnership suffixe	ership, Limited, L.P., LP, or Ltd. 8: Limited Liability Limited Partnership, L.L.L.P. or LLLP.
	cipal office address, enter new mailing address and/or
New Principal Office Address:	
(Must be STREET address)	A/A
New Mailing Address: (May be post office box)	
C. If amending the registered agent and/or regist registered agent and/or the new registered office	ered office address on our records. <u>enter the name of the new</u> <u>address here</u> :
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida Some City Zip Code C

## 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:

	Title	Name	Address	Type of Action
General	Parrner	Alfonso GARCIA	219 N 20th ST TAMPA TZ 33605	Z Add  ★ Remove — Deceased
				☐ Add ☐ Remove
				_ □ Add _ □ Remove
				_ □ 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 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 ch	tange(s) here: (Attach additional sheets, if necessary.)
Effective date, if other than the date of filing:  (Effective date cannot be prior to nor more than 90 days after State.)  Note: If the date inserted in this block does not meet the app be listed as the document's effective date on the Department	r the date this document is filed by the Florida Department of licable statutory filing requirements, this date will not
Signature(s) of a general partner or all general	<u>partners*:</u>
(*NOTE: Only one current general partner is required to sign removing a "limited liability limited partnership" election state when adding or removing a "limited liability limited partnership".	tement. Chapter 620. F.S., requires all general partners to sign hip" election statement.)
Moun Jacia	RIFONSO GARCIA TEL RICHARD C. Garcia
Man Comi	NICK Joseph GARGIA
- 19 JALL	
Signature(s) of all new or dissociating general pa	artner(s), if any:
Filing Fee: \$52.50 Certified Copy (optional): \$52.50 Certificate of Status (optional): \$8.75	