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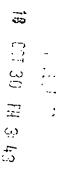
| (Requestor's Name) | | | | | |
|-------------------------|--------------------|-------------|--|--|--|
| (Ad | ldress) | | | | |
| (Ad | ldress) | | | | |
| (Cit | ty/State/Zip/Phon | e #) | | | |
| PICK-UP | MAIT | MAIL | | | |
| (Bu | isiness Entity Nar | me) | | | |
| (Do | ocument Number) | 1 | | | |
| Certified Copies | _ Certificates | s of Status | | | |
| Special Instructions to | Filing Officer: | | | | |
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Office Use Only



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COVER LETTER

| TO: Registration Division of C | | | | | |
|--|--|---|---|--|--|
| SUBJECT: Bei | rnard Rubin F Inne of Florida Limited Part | anily Limited the the transfer or Limited Liability | Partnership Ltd. | | |
| The enclosed Certifi | cate of Amendment ar | nd fee(s) are submitted | for filing. | | |
| Please return all corr | respondence concernin | g this matter to: | | | |
| (| aul Rubin | | | | |
| | Contact Person | | | | |
| | Firm/Company | | | | |
| | 1302 Cheste | ich, FL 346 | | | |
| | Address | | | | |
| L | akewood Rar | nch FL 346 | 202 | | |
| | City, State and Zip Code | | | | |
| 0 | brubin 70 | 9Mall. Com | | | |
| E-mail address: (to | be used for future annual r | report notification) | | | |
| For further informati | ion concerning this ma | atter, please call: | | | |
| Paul R | abia | _at (631) 2 | 20-0827 | | |
| Name of Conta | ct Person | Area Code and Dayt | ime Telephone Number | | |
| Enclosed is a check: | for the following amou | ınt: | | | |
| \$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 | | |
| STREET ADDRES | S: | MAILING A | ADDRESS: | | |
| Registration Section Registration Section | | | | | |
| Division of Corporations Division of Corporations | | | | | |
| Clifton Building 2661 Executive Cent | tar Circla | P. O. Box 63: | | | |
| | 2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301 | | | | |

CERTIFICATE OF AMENDMENT TO

CERTIFICATE OF LIMITED PARTNERSHIP

ernard Rubin Family Limited Partnership Ltd

| inservitative currently on a | ne with Florida Department of State |
|---|--|
| limited liability limited partnership, whose certif | Florida Statutes, this Florida limited partnership or licate was filed with the Florida Department of State on orida document number Acapaco 1525, |
| adopts the following certificate of amendment to | its certificate of limited partnership. |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the here: | limited partnership or limited liability limited partnership |
| nere. | |
| | رې ۳ |
| New name must be distinguish | hable and contain an acceptable suffix. |
| Acceptable Limited Partnership suffixes: Limited Partners Acceptable Limited Liability Limited Partnership suffixes: | hip, Limited, L.P., LP, or Ltd. Limited Liability Limited Partnership, L.L.L.P. or LLLP. |
| B. If amending mailing address and/or princi <u>principal office address here</u> : | pal office address, enter new mailing address and/or |
| New Principal Office Address: | |
| (Must be STREET address) | |
| New Mailing Address: (May be post office box) | Paul Rubin 7302 Chester Trait Lakewood Ranch, FL 34202 |
| C. If amending the registered agent and/or regist | ered office address on our records, enter the name of the ce address here: |
| Name of New Registered Agent: | |
| New Registered Office Address: | Enter Florida 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, Signature of New Registered Agent |
|------------------------|--|

| D. | If amending the general partne | er(s), <u>enter</u> | the name | and busine | ss_address | of each | general | partner | being |
|----|---------------------------------------|---------------------|----------|------------|------------|---------|---------|---------|-------|
| | <u>ded or removed from our record</u> | | | _ | | | | | |

| <u>Title</u> | <u>Name</u> | Address | Type of Action | | |
|--------------|-------------|---------|-----------------------|--|--|
| | | | _ | | |
| | | | _ □ Add _ □ Remove | | |
| | | | _ | | |
| | | | Add (5) 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.)

| | <u> </u> | · | <u> </u> | | |
|--|-------------------------------------|----------------|-----------------|-------------------|--|
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| Effective date, if other than the da (Effective date cannot be prior to nor m. State.) | ate of filing:_ ore than 90 days | after the da | te this docume | nt is filed by th | e Florida Department of |
| Note: If the date inserted in this block d | oes not meet the | applicable s | tatutory filing | requirements, | this date will not |
| be listed as the document's effective dat | e on the Departn | nent of State | 's records. | | |
| | | | | | |
| Signature(s) of a general partne | er or all gene | ral partne | rs*: | | |
| | | | | | |
| (*NOTE: Only one current general par removing a "limited liability limited par | tnership'' electio | n statement. | Chapter 620, | F.S., requires a | artnership is adding or all general partners to sig |
| when adding or removing a "limited liab | oility limited part | tnership'' ele | ction statemen | t.) | |
| $(\mathcal{A}) \mathcal{D} \mathcal{D}$. | | | | | |
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| Signature(s) of all new or dissoc | iating genera | al partner | s), if any: | | |
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| | | | . , | | |
| Filing Fee: | \$53 5A | | | | |
| Certified Copy (optional): | \$52.50 \$52.50 | | | | |
| Certificate of Status (optional): | \$8.75 | | | | |