7/12/2021

Division of Corporations

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : NELSON MULLINS RILEY & SCARBOROUGH LLP

Account Number : I19980000090 : (407)839-4200 Phone : (407)839-4264 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:____

LP/LLLP AMENDMENT/RESTATEMENT/CORRECTION **GONZALES FAMILY, LLLP**

Certificate of Status	0
Certified Copy	0
Page Count	03
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JUL 1 4 2021

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Corporate Filing Menu

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Fax Server

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP

		OF		
CONTAI DE EAMI VIII D				
GONZALES FAMILY, LLLP Insert name curren	itly on file	e with Florida De	partment of State	
Pursuant to the provisions of section 620.1 imited liability limited partnership, whose 12/17/2002 assign	certific	cate was filed v	this Florida limited partnership or with the Florida Department of State or number A02000001671	1
adopts the following certificate of amenda	aent to i	its certificate o	f limited partnership.	
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name	of the li	inited partners	hip or limited liability limited partnersh	<u>ilp</u>
here:				
New name must be di	stinguish	able and contain	an acceptable suffix.	-
Acceptable Limited Partnership suffixes: Limited F Acceptable Limited Liability Limited Partnership s	°armersh :uffixes: L	ilp, Limited, L.P., Limited Liability L	LP, or Ltd. United Parmership, L.L.L.P. or LLLP.	
B. If amending mailing address and/or principal office address here:	princip	onl oMce addi	ess, <u>enter new malling address and/</u>	<u> </u>
New Principal Office Addre	:ss:	10016 N. Fultor	Court	
(Must be STREET address)		Orlando, Florido	a 32836	
New Mailing Address: (May be post office box)		Orlando, Florida		
(Milly be post office toxy				
C. If amending the registered agent and/or a registered agent and/or the new registered o	registere ffice ado	ed office addres <u>dress liere</u> :	s on our records, enter the name of the n	esv
Name of New Registered Agent:				
New Registered Office Address:	100161	N, Fulton Court Enter	Florida street address	
	Orlando	o	, Florida 32836	
		City	Zip Code	

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New Registered Agent's Signature, if changing Registered Agent:

7/13/2021 9:26:53 AM

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
			_ □ 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.)

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F. If amending any other inform	mation, enter change	(s) here: (Attach additional sheets, if necessary.)	
State.)	than 90 days after the snot meet the applicable	date this document is filed by the Florida Department of estatutory filing requirements, this date will not ate's records.	9,41510
	er is required to sign this ership" election stateme	s document unless the limited partnership is adding or ut. Chapter 620, F.S., requires all general partners to si	21 JUL 13 PM 1: 49
michzaegonzaX			
Signature(s) of all new or dissocia	iting general partn	er(s), if any:	_
			<u> </u>
	\$52.50 \$52.50 \$8.75		

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