

AD2000001736

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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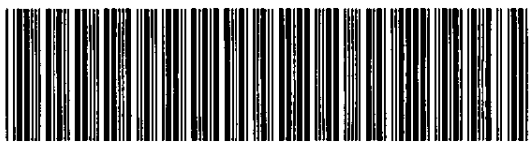
(Business Entity Name)

(Document Number)

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JUL 10 2015  
S. YOUNG

**COHEN • KOTLER**

**Attorneys at Law**

Established 1984

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Edward B. Cohen • David C. Kotler • Michael I. Kotler\*

\*Also admitted in District of Columbia and Pennsylvania

June 30, 2015

**Sent Via Certified Mail - 7014 3490 0000 3019 0834 -**  
**Return Receipt Requested**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Re: The Joseph and Estelle Finkel Family Limited Partnership

Dear Sir/Mam:

Enclosed please find our law firm's check in the amount of Fifty Two Dollars and Fifty Cents (\$52.50) for the filing of the enclosed Certificate of Amendment to Certificate of Limited Partnership of the above referenced limited partnership. Please file the Certificate of Amendment to Certificate of Limited Partnership and return a copy of the filed articles in the enclosed self-addressed stamped envelope. Thank you for your assistance with this matter.

Very truly yours,



Michael I. Kotler

Encl.  
MIK/jk

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** The Joseph and Estelle Finkel Family Limited Partnership  
Name of Florida Limited Partnership or Limited Liability Limited Partnership

The enclosed Certificate of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Michael I. Kotler, Esquire  
Contact Person

Cohen Kotler, P.A.  
Firm/Company

54 SW Boca Raton Boulevard  
Address

Boca Raton, Florida 33432  
City, State and Zip Code

mkotler@cohenkotler.com  
E-mail address: (to be used for future annual report notification)

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 TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Michael I. Kotler, Esquire at ( 561 ) 361-9600  
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- \$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 ADDRESS:**  
 Registration Section  
 Division of Corporations  
 Clifton Building  
 2661 Executive Center Circle  
 Tallahassee, FL 32301

**MAILING ADDRESS:**  
 Registration Section  
 Division of Corporations  
 P. O. Box 6327  
 Tallahassee, FL 32314

**CERTIFICATE OF AMENDMENT  
TO  
CERTIFICATE OF LIMITED PARTNERSHIP  
OF**

The Joseph and Estelle Finkel Family Limited Partnership

Insert name currently on file with Florida Department of State

Pursuant to the provisions of section 620.1202, Florida Statutes, this Florida limited partnership or limited liability limited partnership, whose certificate was filed with the Florida Department of State on December 26, 2002, assigned Florida document number A02000001736, 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 limited partnership or limited liability limited partnership here:**

\_\_\_\_\_

New name must be distinguishable and contain an acceptable suffix.

*Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.*

*Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.*

**B. If amending mailing address and/or principal office address, enter new mailing address and/or principal office address here:**

New Principal Office Address: \_\_\_\_\_  
(Must be STREET address)

New Mailing Address: \_\_\_\_\_  
(May be post office box)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**C. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office 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 partner(s), enter the name and business address of each general partner being added or removed from our records:**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
GP	Trust Agreement of Estelle T. Finkel	54 SW BocaRaton Blvd. Boca Raton, FL 33432	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
GP	Descendants Trust created under the Estelle T. Finkel Trust u/a/d July 8, 1997 f/b/o Arlene Carpel	54 SW Boca Raton Blvd. Boca Raton, FL 33432	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
GP	Descendants Trust created under the Estelle T. Finkel Trust u/a/d July 8, 1997 f/b/o Mindy Dudas	54 SW Boca Raton Blvd. Boca Raton, FL 33432	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
GP	Descendants Trust created under the Estelle T. Finkel Trust u/a/d July 8, 1997 f/b/o Roslyn Ehrlich	54 SW Boca Raton Blvd. Boca Raton, FL 33432	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

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**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 change(s) here: *(Attach additional sheets, if necessary.)*

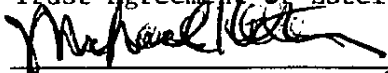
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Effective date, if other than the date of filing: \_\_\_\_\_  
*(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)*


**Signature(s) of a general partner or all general partners\*:**

(\*NOTE: Only one current general partner is required to sign this document unless the limited partnership is adding or removing a "limited liability limited partnership" election statement. Chapter 620, F.S., requires all general partners to sign when adding or removing a "limited liability limited partnership" election statement.)

Trust Agreement of Estelle T. Finkel



Michael I. Kotler



Edward Rosenthal

\_\_\_\_\_  
\_\_\_\_\_

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TALLAHASSEE FLORIDA

**Signature(s) of all new or dissociating general partner(s), if any:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Filing Fee: \$52.50  
Certified Copy (optional): \$52.50  
Certificate of Status (optional): \$8.75