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S. WARREN JUL 1 3 2017

COVER LETTER

Division of C				
SUBTROTT: BRIEVA	REAL ESTATE LLLP			
Na Na	ame of Florida Limited Par	tnership or Limited	Liability	v Limited Partnership
The enclosed Certifi	cate of Amendment a	nd fee(s) are sub	mitted	for filing.
Please return all corr	respondence concerni	ig this matter to	<u>:</u>	
JOHN S. BOHATCH, E	ESQ.			
	Contact Person	 :	_	
GUTTENMACHER, B	OHATCH & PENARANI	DA, P.A.		
	Firm/Company			
7301 SW 57th Court, St	uite 560			
	Address		<u> </u>	
South Miami, FL 33143				
	City, State and Zip Code		_	
JBohatch@gbptaxlaw.c	com			
E-mail address: (to	be used for future annual	report notification)		
For further informat	ion concerning this ma	atter, please call	:	
JOHN S. BOHATCH, I	ESQ.	at (305	666-	1040
Name of Conta	ict Person	Area Code and Daytime Telephone Number		
Enclosed is a check	for the following amo	unt:		
S52.50 Filing Fee	S61.25 Filing Fee and Certificate of Status	S105.00 Filin and Certified Co		☐\$113.75 Filing Fee, Certified Copy, and Certificate of Status
STREET ADDRES	MAILING ADDRESS:			
Registration Section	Registration Section			
Division of Corpora		Division of Corporations		
Clifton Building		P. O. Box 6327 Tallahassee, FL 32314		
2661 Executive Cen		rattai	iassee,	PL 32314

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

BRIEVA REAL ESTATE LLLP	
Insert name currently on fi	le with Florida Department of State
assigned Flo	cate was filed with the Florida Department of State on
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 linere:	imited partnership or limited liability limited partnership
New name must be distinguish	able and contain an acceptable suffix.
Acceptable Limited Partnership suffixes: Limited Partnersh Acceptable Limited Liability Limited Partnership suffixes: L	ip, Limited, L.P., LP, or Ltd .imited Liability Limited Partnership, L.L.L.P. or LLLP.
B. If amending mailing address and/or principal office address here:	oal office address, enter new mailing address and/or
New Principal Office Address: (Must be STREET address)	
New Mailing Address: (May be post office box)	
C. If amending the registered agent and/or register new registered agent and/or the new registered office	red office address on our records, enter the name of the 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 a
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>	Address	Type of Action
GP	MARIA T. ARAL	6005 SW 87TH AVENUE MIAMI, FL 33173	_ ■ Add □ Remove
			DAdd 7
			_ DiAdd O F
			
			_

E. If the limited partnership or limited liability limited partnership is amending its "limited liability limited partnership" status, enter change here:

L	I Thi	s Limited	Partnership	-hereby elects to be	e a "Limited Liability	v 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 info	ormation, enter ch	ange(s) here: (Attach additio	onal sheets, if necessary.)
	<u> </u>		
	-		
		-	
Effective date, if other than the da (Effective date cannot be prior to nor me State.)	ate of filing: ore than 90 days after	the date this document is filed	by the Florida Department of
Note: If the date inserted in this block do	oes not meet the appli	cable statutory filing requireme	ents, this date will not
be listed as the document's effective date	e on the Department of	of State's records.	
Signature(s) of a general partne	er or all general p	oartners*:	
(*NOTE: Only one current general part removing a "limited liability limited part when adding or removing a "limited liab	thership" election stat	ement. Chapter 620 F.S. reou	ed partnership is adding or ires all general partners to sig
Cliland of Brev	<u>د</u>		
,			
			
Signature(s) of all new or dissoc	iating general pa	rtner(s), if any:	
			
			7
Filing Fee:	\$52.50		
Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$8.75		
certificate of Status (optional):	30./3		
			우구 구