A040CCCCOIILT

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	= #)
PICK-UP		MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	<u> </u>
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		8/21

Office Use Only



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2021 NOV -8 AM 12: 39 SECRETARY OF STATE



2021 11911 -8 AT 11:57

FLORIDA DEPARTMENT OF STATE Division of Corporations

October 15, 2021

MARTA KITOGRAD 808 MCINTYRE AVE WINTER PARK, FL 32789

SUBJECT: HERCULEAN LLLP Ref. Number: A04000001167

We have received your document and check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

All NEW and DISSOCIATING general partners must sign.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 921A00025121

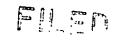
Querida R Silas Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO: Registration S Division of C			
SUBJECT:	Hercu Jean ne of Florida Limited Parts	nership or Limited Liability	Limited Partnership
The enclosed Certific	rate of Amendment an	d fee(s) are submitted f	for filing.
Please return all corre	espondence concerning	g this matter to:	
808 K	Contact Person Can LLC Firm/Company 1 C Thyve Address Park Fl City, State and Zip Code be used for future annual recommenders	Ave	
For further informati	on concerning this ma	tter, please call:	
Marta Ki Name of Conta	NCAGOL.	_at (<u>401</u>) <u>4</u> Area Code and Dayt	148-8488 ime Telephone Number
	for the following amou		
S52.50 Filing Fee	☐S61.25 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 Corporat P.O. Box 6327 Tallahassee, FL 323			Section Corporations f Tallahassee troe Street, Suite 810

CERTIFICATE OF AMENDMENT



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7/14/OH

CERTIFICATE OF L	IMITED PARTNERSH	12021 NOV -8	Alf 12: 3	35
	OF	SECRETARY TALL MAY	f Stager	٠ ـ
Herculean	LLLP	TALL		

Insert name currently on file		epartment of State
Pursuant to the provisions of section 620.1202, Flo limited liability limited partnership, whose certific 4/25/260 assigned Flor adopts the following certificate of amendment to its	ate was filed ida document	with the Florida Department of State on number AOHOOCON 67.
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the line	mited partner	ship or limited liability limited partnership
New name must be distinguisha	able and contain	an acceptable suffix.
Acceptable Limited Partnership suffixes: Limited Partnershi Acceptable Limited Liability Limited Partnership suffixes: L		
B. If amending mailing address and/or princip principal office address here:	al office add	ress, 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 registered registered agent and/or the new registered office add	d office addres lress here:	ss on our records, <u>enter the name of the new</u>
Name of New Registered Agent:	<u>. </u>	
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

<u>tle</u>	Name	Address	vpe of Action
<u>P</u>	IBK @ Windsons Ire	Winter Park FC	☐ Add ☐ Remove
<u>P</u> _	IBKO Windsons Ire	868 McIntyre Au Winter Park Fil	Add Remove
			□ Add □ Remove
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(NOTE: If adding or removing" limited liability limited partnership" status, all general partners must sign this amendment.)

This Limited Partnership hereby removes its "Limited Liability Limited Partnership" status.

F. If amending any other information, e	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 of State.)	g:
	the applicable statutory filing requirements, this date will not partment of State's records.
	red to sign this document unless the limited partnership is adding or ection statement. Chapter 620, F.S., requires all general partners to sign
Marla Kitagrad	
Signature(s) of all new or dissociating gen	neral partner(s), if any:
Marla Kitograd	
Marka & Jutostad	
Filing Fee: \$52.50	
Certified Copy (optional): \$52.50 Certificate of Status (optional): \$8.75	