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2017 FEB 21 A 9 49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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S Warren

FEB 22 2017

I recently sent in an amendment form and check, incorrectly requesting a change in the Registered Agent rather than the addition of general partners. I called and put a hold on the action pending your receipt of the enclosed form. There should be a memo to this effect in your file. Please apply the previously sent check as payment for this amendment.

I see that the printing of one of the new general partners might possibly be illegible. The correct spelling is Edward T. Heemskerk.

Thank You

A handwritten signature in black ink, appearing to read 'Richard Venezia', written in a cursive style.

Richard J. Venezia
General Partner
Boca-Med Associates, Limited LLLP

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BOCA MED ASSOCIATES LLLP
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:

RICHARD J. VENEZIA
Contact Person
BOCA MED ASSOCIATES LLLP
Firm/Company
900 NW 13th STREET SUITE 107
Address
BOCA RATON FL 33486
City, State and Zip Code
DICK VENEZIA@YAHOO.COM
E-mail address: (to be used for future annual report notification)

RECEIVED
TALLAHASSEE, FLORIDA

2017 FEB 21 PM 3:43

For further information concerning this matter, please call:

RICHARD VENEZIA at (305) 393 0993
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

SW

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

BOCA MEA ASSOCIATES LLLP

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 MARCH 12, 1976, assigned Florida document number AD 4799, 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)

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

3 21 A 9 4 9

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TALLAHASSEE, FLORIDA

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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>
MR	EDWARD T. HEENSKERK	8439 E. CLUB RD BOCA RATON FL 33433	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
	COLLEEN A. VENEZIA	1494 SW BALMORAL TRACIE STUART FL 34997	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

FILED
JUL 21 2009
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

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.)

 GENERAL PARTNER

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

 EDWARD T. HEENDSKERK

Colleen A. Venezia COLLEEN A. VENEZIA

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

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2011 FEB 21 A 9 49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA