A050000000013

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



300330392533

06/14/19--01019--021 **52.!

19 JUN 14 PM 1: 41

LP AMM).

COVER LETTER

TO:	Registration Division of C			
SURI	ЕСТ:	ROHEM	ILTD.	
5010		me of Florida Limited Part	nership or Limited Liability	Limited Partnership
The er	nclosed Certifi	cate of Amendment an	d fee(s) are submitted	for filing.
Please	return all corr	espondence concernin	g this matter to:	
		MORELISS Contact Person Firm/Company		
	136	CENTER S	<u> </u>	
	NA	City, State and Zip Code	34108	
E			CoMAST.	NET
For fu	ırther informat	ion concerning this ma	itter, please call:	
	FUE M Name of Conta	ORFCISSE	at (231) (Area Code and Dayt	341 - 9226 ime Telephone Number
Enclo	sed is a check	for the following amou	unt:	
♥ \$52	.50 Filing Fee	□\$61.25 Filing Fee and Certificate of Status	☐S105.00 Filing Fee and Certified Copy	□\$113.75 Filing Fee, Certified Copy, and Certificate of Status
Regis Divisi Clifto 2661	EET ADDRES tration Section ion of Corpora in Building Executive Cen nassee, FL 323	tions ter Circle	MAILING A Registration Division of O P. O. Box 63 Tallahassee,	Section Corporations 27

CERTIFICATE OF AMENDMENT TO RTIFICATE OF LIMITED PARTNERS

CERTIFICATE OF LIMITED PARTNERSHIP

•	Or	·
ROHEMI	LTD.	19.
Insert name currently on file	e with Florida Departm	ent of State
Pursuant to the provisions of section 620.1202. Floring limited liability limited partnership, whose certifical limited liability limited partnership, whose certifical assigned Floring adopts the following certificate of amendment to in	cate was filed with trida document numb	he Florida Department of State oper A0500000
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the linere:	mited partnership o	r limited liability limited partners
New name must be distinguish	able and contain an acc	eptable suffix.
Acceptable Limited Partnership suffixes: Limited Partnersh Acceptable Limited Liability Limited Partnership suffixes: I	ip, Limited, L.P., LP, o Limited Liability Limited	r Ltd. I Partnership, L.L.L.P. or LLLP.
B. If amending mailing address and/or princip principal office address here:	oal office address,	enter new mailing address and
New Principal Office Address: (Must be STREET address)		
New Mailing Address: (May be post office box)		
C. If amending the registered agent and/or registerew registered agent and/or the new registered office		n our records, <u>enter the name of</u>
Name of New Registered Agent:	<u> </u>	
New Registered Office Address:	Futor Floric	la street address
	Sinci i torte	, 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, an
am familiar with and accept the obligations of my position as registered agent.

If Changing Registered	Agent, Signature of New	Registered Agen

D. If amending the general partner(s), enter the name and business address of each general partner be added or removed from our records:

Title	Name	Address	Type of Action
GP	SILCAR, LLC	136 COVIERST NAPLES, FL 34108	□ Add □ M Remove
GP.	MORGP, LLC	136 CENTER ST NAPLES, FL 34108	Add Remove
			_
			
			_ □ Add □ Remove
			_ □ Add □ Remove

- E. If the limited partnership or limited liability limited partnership is amending its "limited liabi limited partnership" status, enter change here:
 - ☐ This Limited Partnership hereby elects to be a "Limited Liability Limited Partnership."
 - $\blacksquare \quad \text{This Limited Partnership hereby removes its "Limited Liability Limited Partnership" status. } \\$

(NOTE: If adding or removing" limited liability limited partnership" status, all general partners must sign this amendment

	<u> </u>
Effective date, if other than the date of filin (Effective date cannot be prior to nor more than 90 State.)	ig:
Note: If the date inserted in this block does not mee be listed as the document's effective date on the De	et the applicable statutory filing requirements, this date will n
be listed as the document's effective date on the De	partition of state's records.
Signature(s) of a general partner or all g	eneral partners*:
·	ired to sign this document unless the limited partnership is ac
removing a "limited liability limited partnership" el when adding or removing a "limited liability limited	lection statement. Chapter 620, F.S., requires all general part
SILCAR, LLC	
X / Ma	
	
HENR MOLEURSE TR	
HENR MOLEURSE TR AS AUTHORIZED MOUBER	
HENR MOLEURSE TR AS AUTHORIZED MOUSER OF SUCAL, LCC	
HENR MOLEURSE TR AS AUTHORIZED MOUSER OF SUCAL, LLC	
Signature(s) of all new or dissociating ge	eneral partner(s), if any:
	eneral partner(s), if any: MORGP, LLC
Signature(s) of all new or dissociating ge	eneral partner(s), if any: MORGP, LLC BIS X
Signature(s) of all new or dissociating ge SILCAR, CLC X HENK MORELISSE, JR	Big X Holtussi
Signature(s) of all new or dissociating ge	Bis X Horrioss As Aurhorized
Signature(s) of all new or dissociating ge SILCAR, LLC X HENK MORELISSE, JR AS AUTHORIZED MEMBER DF SILCAR, LLC	Bis X HORGE MORELISSE AS AUTHORIZED OF MORGE, LL
Signature(s) of all new or dissociating ge SILCAR, CLC X HENK MORELISSE, JR	Bis X Horrioss As Aurhorized