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K SALY EXAMINER APR 17 2015

LAW OFFICES

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OF COUNSEL
JOHN W. PERLOFF, P.A.
JODIE SIEGEL, P.A.

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

March 13, 2015

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

Re: The Jasinski Family Investments Limited Partnership

Gentlemen:

Enclosed please find a Certificate of Amendment to the Certificate of Limited Partnership for the The Jasinski Family Investments Limited Partnership.

Please be advised that the general partner, Judith Jasinski passed away on February 13, 2015 and the enclosed paperwork is being filed to designate the new general partner.

I have also enclosed a check in the amount \$61.25 representing the filing fee and a Certificate of Status.

Very truly yours,

Jefffey S. Wachs

For the Firm

JSW:rg Enclosure

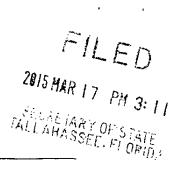
cc: Jim Tambone

Via E-mail: jim.tambone@gmail.com

COVER LETTER

TO:	Registra Division		section orporations					
SURI	ECT:	The	Jasinski	Family	Invest	ents Li	mited	l Partnership
ос ро	EC1							ty Limited Partnership
The en	nclosed Co	ertific	ate of Ame	endment a	and fee(s) are sub	mitted	for filing.
Please	e return all	corre	espondence	concern	ing this r	natter to:		
	J	effr	y S. Wacl	ns, Esq.	•			
			Contact Pe	rson			_	
,	Doumar,	Alls	vorth, et	al				
			Firm/Com	pany			- 	
	1177 SE	3rd A	Avenue					
			Addres	SS			~-	
	Fort Lau	derd	ale, FL 3	3316				
		C	ity, State and	Zip Code				
	jwachs@							
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For fi	ırther info	rmati	on concern	ing this n	natter, pl	ease call	•	
J	effrey S	. Wa	chs, Esq.		at (_	954	_)	762-3400
	Name of	Conta	et Person		A	rea Code	and Day	ytime Telephone Number
Enclo	sed is a cl	neck f	or the follo	wing am	ount:			
\$52	2.50 Filing F	ee	X \$61.25 F and Certific Status			05.00 Filin Certified Co		\$113.75 Filing Fee, Certified Copy, and Certificate of Status
STRI	EET ADD	RES	S:					ADDRESS:
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i anal	uassee, PL	, ,,,,	υı					

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF



The Jasinski Family Investments Limited Partnership

Insert name currently on file with Florida Department of State

Pursuant to the provisions of section 620.1202, Flimited liability limited partnership, whose certification of the provisions of section 620.1202, Flimited liability limited partnership, whose certification of the provisions of section 620.1202, Flimited liability limited partnership, whose certification of the provisions of section 620.1202, Flimited liability limited partnership, whose certification of the provisions of section 620.1202, Flimited liability limited partnership, whose certification of the provisions of section 620.1202, Flimited liability limited partnership, whose certification of the provisions of section 620.1202, Flimited liability limited partnership, whose certification of the provisions of the provisions of the provisions of the provision of the provisio	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:	limited partnership or limited liability limited partnership
New name must be distinguish	nable and contain an acceptable suffix.
Acceptable Limited Partnership suffixes: Limited Partnersh Acceptable Limited Liability Limited Partnership suffixes: A	
B. If amending mailing address and/or princip principal office address here:	pal office address, enter new mailing address and/or
New Principal Office Address: (Must be STREET address)	84 Ledgeways Wellesley, MA 02481
New Mailing Address: (May be post office box)	84 Ledgeways Wellesley, MA 02481
C. If amending the registered agent and/or registerew registered agent and/or the new registered office Name of New Registered Agent: New Registered Office Address:	ered office address on our records, enter the name of the ce address here: 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 an	d business a	ddress of each	general partner	being
	ed or removed from our records:			· · · · · · · · · · · · · · · · · · ·		

<u>Title</u>	Name	Address	Type of Action
General Partner	Judith L. Jasinski	19950 Scrimshaw Way	Add
		Tequesta, FL 33469	X Remove DECEASED
General Partner	Jim Tambone	84 Ledgeways Wellesley, MA 02481	— X Add Remove
		wellesley, IM 02401	Kelilove
			\Add
			Remove
			□Add
			Remove
			— □ Add
····			Remove
			
			Add Remove
Y 6.4 1 1 1 1			
	partnership or limited liabili ip" status, enter change here:		nding its "limited liability
This Limite	ed Partnership hereby elects to b	e a "Limited Liability Limited	Partnership."
		•	•
ims chille	ed Partnership hereby removes i	ts "Limited Elability Limited 13	arthership status.
OTE: If adding o	r removing" limited liability limited	partnership" status, all general part	ners must sign this amendment.)

				By A
				The state of the s
		·		
Effective date, if other than the d Effective date cannot be prior to nor m state.)	ate of filing ore than 90 c	i: lays after the da	e this de	ocument is filed by the Florida Department of 🕏
Signature(s) of a general partn	er or all ge	neral partne	<u>rs*:</u>	
*NOTE: Only one current general par emoving a "limited liability limited par when adding or removing a "limited lia	rtnership" ele	ction statement.	Chapte	t unless the limited partnership is adding or 620, F.S., requires all general partners to sign atement.)
Jim Tambone				
1				
Signature(s) of all new or disso	ciating ger	eral nartner	(s), if :	anv:
Jim Tambone				
		NOTE		
Filing Fee: Certified Copy (optional):	\$52.50 \$52.50	Please	be a	dvised the current General Partne asinski died on February 13, 2015