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MAR 2 5 2016 S. YOUNG

## **COVER LETTER**

	Registratio Division of		ons ·				
SUBJE	ECT:	, SLPE Name of Flor	rida Limited Pa	LY actnership	LEM 772	ity Limi	PARTNERSH2 ted Partnership
The end	closed Cert	ificate of A	mendment a	and fee(	(s) are submitte	d for fil	ling.
Please	return all co	orresponde	nce concerni	ing this	matter to:		
6nt	76	STL.	PE et Person				
516	PE S	AMIL	y Lin	1270	D PARTIES	15/17/	D
150	0	Firm/C	Eompany BCC41	Blue	D PARTIES	, 	
Λ		, 102	dress  ——————————————————————————————————				
			MC45\1.				
For fur	ther inform	ation conc	eming this m	natter, p	lease call:		
600	Name of Co	The person		at (	G60 Area Code and Da	80S	- 1698 elephone Number
			ollowing amo			,,	
	60 Filing Fee	\$61.2	_	□s	105.00 Filing Fee Certified Copy	Cert	113.75 Filing Fee, lified Copy, and lificate of Status
STREE	ET ADDRI	ESS:			MAILING	ADDI	RESS:
_	ation Section				Registration		
	n of Corpo	rations			Division of	•	rations
	Building	·····	_		P. O. Box 6		2214
	xecutive Coussee, FL 3		· '		Tallahassee	, rl 3	2314
i alialia	ward, i'il J	450 I		414			

## CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

	1	D
SILPE FAMELY Insert name currently on	LIMITED	PARTNERSHIP
Insert name currently on	i lile with Florida Departr	nent of State
Pursuant to the provisions of section 620.1202, limited liability limited partnership, whose cert 6-20-2005, assigned Fadopts the following certificate of amendment	ificate was filed with	the Florida Department of State on
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the here:	e limited partnership	or limited liability limited partnership
New name must be distingu	ushable and contain an ac	ceptable suffix.
Acceptable Limited Partnership suffixes: Limited Partne Acceptable Limited Liability Limited Partnership suffixe		
B. If amending mailing address and/or prin principal office address here:	cipal 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 regi	istered office address	on our records, enter the name of the
new registered agent and/or the new registered of		<u> </u>
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	Enter Flori	da street address
	Enci Pioni	NN STEEL HAATESS
	City	, Florida Zip Code
	CHV	LID CORE

## New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appaintment 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
ado	led or removed from our records:						

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
G.P	Jay SIDÉ	2500 S. Ocean 282 PALM BEACH FL	Add
			Add Remove
			Add Remove
***************************************			Add Remove
			Add Remove
<del></del>			AddRemove
	partnership or limited liabilit nip" status, enter change here:	ry limited partnership is a	mending its "limited liabilit
This Limite	ed Partnership hereby elects to b	e a "Limited Liability Limit	ed Partnership."
☐ This Limite	ed Partnership hereby removes it	s "Limited Liability Limited	d 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) h	ere: (Attach addit	tional sheets, if necessary.)
Effective date, if other than the date of filin (Effective date cannot be prior to nor more than 90 State.)	ng: 3-16~1 days after the date	L this document is file	d by the Florida Department of
Signature(s) of a general partner or all g			
(*NOTE: Only one current general partner is requiremoving a "limited liability limited partnership" el when adding or removing a "limited liability limited	ection statement. C	Chapter 620, F.S., red	nited partnership is adding or quires all general partners to sig
Aug Sigo	_		
GREE STUGE			
General PARTIER			
Signature(s) of all new or dissociating ge	neral partner(s	), if any:	
ho/hi			
Dissociating General Pann	ràl		
~	·		
Filing Fee: \$52.50 Certified Copy (optional): \$52.50 Certificate of Status (optional): \$8.75			