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	(Requestor's Name)
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A. LUNT

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ZOON JUL -1 P 4: 31
SECRETARY OF STATE
TALLAHASSEE, FI ORIGINATE

TO:

	egistration S livision of C					
SUBJEC	CT: E I	_ P Limited Par ne of Florida Limited Part	rtnership LL nership or Limited L	LP iability l	Limited Partnership)	
The encl	osed Certific	ate of Amendment an	d fee(s) are subm	itted fo	or filing.	
Please re	turn all corre	espondence concerning	g this matter to:			
Ba	arbara K	Sommers (Contact Person)	_		ZIII SE	
So	ommers, l	Everhart & Kohl	ler, P.A.		1008 JUL -1 P 4: 36 SECRETARY OF STATE VLLAHASSEE. FLORIDA	
		(Firm/Company)			SSE -	
380 Columbia Drive, Suite 111						
		(Address)			ST LO	
We	(Firm/Company) 380 Columbia Drive, Suite 111 (Address) West Palm Beach, FL 33409 (City State and Zin Code)					
	((City, State and Zip Code)			⇒ o	
For furth	er information	on concerning this ma	tter, please call:			
Barl	oara K. S	Sommers	_at (561	640	-9800	
(1	Name of Conta	ct Person)	(Area Code	and Day	rtime Telephone Number)	
Enclosed	is a check f	or the following amou	int:			
፟ \$52.50	Filing Fee	\$61.25 Filing Fee and Certificate of Status	\$105.00 Filing and Certified Copy		\$113.75 Filing Fee, Certified Copy, and Certificate of Status	
STREET	Γ ADDRES	S:	MAILI	NG A	DDRESS:	
Registration Section			Registration Section			
Division of Corporations				Division of Corporations		
Clifton Building 2661 Executive Center Circle			P. O. Box 6327			
	ecutive Centered FI 3236		Tallahas	ssee, F	L 32314	

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

E L P Limited Partnership LLLP					
(Insert name currently on file with Florida Department of State)					
Pursuant to the provisions of section 620.1 limited liability limited partnership, whose July 6, 2006, assign adopts the following certificate of amendments.	certific ed Flor	ate was filed with tida document num	he Florida De ber <u>A060000</u>	partment of S	
This amendment is submitted to amend the following:					m
A. If amending name, enter the new name of the limited partnership or limited liability limited partnership here:					
(New name must be dist	inguisha	ble and contain an ac	ceptable suffix.)	
Acceptable Limited Partnership suffixes: Limited P Acceptable Limited Liability Limited Partnership s				L.L.P. or LLLP.	
B. If amending mailing address and/or principal office address, <u>enter new mailing address and/or principal office address here</u> :					
New Principal Office Address (Must be STREET address)	ss:	4461 Medical West Palm Be		Nay Ste A 33407	
New Mailing Address: (May be post office box)		4461 Medical West Palm Be		Nay Ste A 33407	
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:	Micha	ael Patipa (n	o change)	<u>. </u>	
New Registered Office Address:	4461 Medical Center Way Ste A (Enter Florida street address)				
West Palm Beach , Florida 33407					
		(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 and business address of each general partner being added or removed from our records:

<u>Title</u>	<u>Name</u>	Address	Type of Action
GP	(F05000000367) M B P Family Holdings Inc.	4461 Medical Ce Way Ste A West Palm Beach	Remove
<u>GP</u>	(P06000097808) M B P Family Holdings		nten X XAdd B Remove
			Add Remove
			Add Remove
			Add Remove

- 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	on, enter change(s) h	ere: (Attach addition	nal sheets, if necessary.)
Tico - 1 - 10 - 11 - 11 - 11 - 11 - 11 - 11			
Effective date, if other than the date (Effective date cannot be prior to nor more	te of filing: re than 90 days after th	ne date this document is	s filed by the Florida Department o
State.)			
Signature(s) of a general partner	r or all general pa	rtners*:	
(*NOTE: Only one current general partr	ner is required to sign t	his document unless the	e limited partnership is adding or
removing a "limited liability limited parts when adding or removing a "limited liabi	nership" election staten lity limited partnership	nent. Chapter 620, F.S. " election statement.)	., requires all general partners to sig
1 400 0'1			
Melad Satisfaction	W		
Q	1		
			ZOU SEL ALL
		-	
			SA
Signature(s) of all new or dissoci	iating general par	tner(s), if any:	Lieb D W
1 5 m			STA F: D
- Whichael Talipath	2		DA S
9			
Filing Fee: Certified Copy (optional):	\$52.50 \$52.50		
Certificate of Status (optional):	\$8.75		