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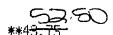
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2016 FEB 29 P & 36
SECRETARY OF STATE
ALLAHASSEE. FLORIDA

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**3 MASON** 

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Changes to the Par Twership  Name of Florida Limited Partnership or Limited Liability Limited Partnership
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:
Rose Marie Di Giulio Contact Person  Sirolli Properties, LILP  Firm/Company
· · · · · · · · · · · · · · · · · · ·
143 Shiloh Ave
LHdy LAKE, F-1. 32159 City, State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person Area Code and Daytime Telephone Number
Name of Contact Person Area Code and Daytime Telephone Number
Enclosed is a check for the following amount:
\$52.50 Filing Fee and Certificate of Status  \$105.00 Filing Fee \$113.75 Filing Fee, Certified Copy, and Certificate of Status
STREET ADDRESS: MAILING ADDRESS:
Registration Section Registration Section Division of Corporations Division of Corporations
Division of Corporations  Clifton Building  Division of Corporations  P. O. Box 6327
2661 Executive Center Circle Tallahassee, FL 32314
Tallahassee, FL 32301

## CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

imited liability limited partnership, whose certificate was filed with the Florida Departme Quest 7th, 2006, assigned Florida document number Alborodo 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 limitere:	
imited liability limited partnership, whose certificate was filed with the Florida Departme Quest 7th, 2006, assigned Florida document number Alborodo dopts 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 limitere:	
A. If amending name, <u>enter the new name of the limited partnership or limited liability limi</u> nere:	ent of State on
ere:	
	ted partnership
New name must be distinguishable and contain an acceptable suffix.	
cceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd. cceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. o	r LLLP.
B. If amending mailing address and/or principal office address, enter new mailing a principal office address here:	ddress 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 registered office address on our records, enternew registered agent and/or the new registered office address here:	the name of the
Name of New Registered Agent:	<del></del>
ant to the provisions of section 620.1202, Florida Statutes, this Florida limited partnership or ad liability limited partnership, whose certificate was filed with the Florida Department of State (Laguat 7th, 2006), assigned Florida document number (Albandon 94) is the following certificate of amendment to its certificate of limited partnership.  Immediately a submitted to amend the following:  amending name, enter the new name of the limited partnership or limited liability limited partnership artnership suffixes: Limited Partnership, Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.  Tamending mailing address and/or principal office address, enter new mailing address and rincipal office address here:  New Principal Office Address: (Must be STREET address)  New Mailing Address: (May be post office box)  Tamending the registered agent and/or registered office address on our records, enter the name of egistered agent and/or the new registered office address here:	
Enter Florida street address	
	<del></del>
City Zip Cod	'e
	. SE 201
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Page 1 of 3

## 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
<u>ade</u>	led or removed from our records:								

<u>Title</u>	<u>Name</u>	Address	Type of Action
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	Rase MARLY A DIGIS	Ludy Lake Il	Add Remove
	Rose Harie DiGin	180 9980 SE12] nd LI Belleview, Fl 34420	Add Remove
			Add Remove
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			Add Remove
limited partners	partnership or limited liabili hip" status, enter change here:		. 29
limited partners			. 22

X	This Limited Partnership hereby elects to be a "Limited Liability Limited Partne	ership."
•		· ema

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 significamenament,

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ffective date, if other than the date of filing fective date cannot be prior to nor more than 90 date.		is filed by the Florida Department of	<b>-</b> '
ate.)			
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gnature(s) of a general partner or all ge	neral partners*:		
<b>NOTE:</b> Only one current general partner is require noving a "limited liability limited partnership" elec	ed to sign this document unless	the limited partnership is adding or S requires all general partners to sign	n
nen adding or removing a "limited liability limited	partnership" election statement.	)	••
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