

A07000000319

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

A07-319

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

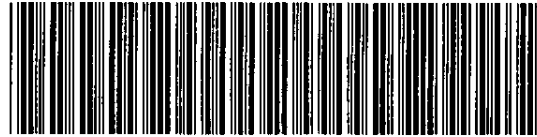
Special Instructions to Filing Officer:

A. LUNT

JAN 20 2008

EXAMINER

Office Use Only



000138223820

01/14/09--01007--007 \*\*31.25

12/01/08--01026--013 \*\*30.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2009 JAN 16 PM 4:13

FILED

11/20/08

To: Registration Section

Division of Corporation

From: H & M CASTELLAN Family  
~~ATTN~~ A07000000319

2009 JAN 06 PM 4:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

① Requesting to change principal  
place of business / mailing address  
to 1311 NW 159 Avenue  
Pembroke Pines FLORIDA 33028

② GENERAL PARTNER ADDRESS CHANGE

EMILY CASTELLAN

1311 NW 159 Ave

JULIO CASTELLAN

Pembroke Pines

FL 33028

Thank you.

Emily Castellán  
EMILY CASTELLAN

Julio Castellán  
JULIO CASTELLAN



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 3, 2008

EMILY CASTELLAN  
1311 NW 159 AVE.  
PEMBROKE PINES, FL 33028

SUBJECT: H & M CASTELLAN FAMILY LLLP  
Ref. Number: A07000000319

2009 JAN 16 PM 4: 13  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

FILED

We have received your document for H & M CASTELLAN FAMILY LLLP and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt  
Regulatory Specialist II

Letter Number: 808A00059091

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: H + M CASTELLAN FAMILY LLLP  
(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:

EMILY CASTELLAN  
(Contact Person)

\_\_\_\_\_  
(Firm/Company)

1311 NW 159 AVENUE  
(Address)

PEMBROKE PINES FLORIDA 33028  
(City, State and Zip Code)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2009 JAN 16 PM 4:13

FILED

For further information concerning this matter, please call:

EMILY CASTELLAN at ( 954 ) 517 9469  
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$52.50 Filing Fee
- \$61.25 Filing Fee and Certificate of Status
- \$105.00 Filing Fee and Certified Copy
- \$113.75 Filing Fee, Certified Copy, and Certificate of Status

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

CERTIFICATE OF AMENDMENT  
TO  
CERTIFICATE OF LIMITED PARTNERSHIP  
OF

H + M CASTELLAN FAMILY LLLP  
(Insert name currently on file with Florida Department of State)

2009 JAN 16 PM 4:13  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA  
**FILED**

Pursuant to the provisions of section 620.1202, Florida Statutes, this Florida limited partnership or limited liability limited partnership, whose certificate was filed with the Florida Department of State on FEBRUARY 14, 2007, assigned Florida document number A07000000319, 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 limited partnership here:**

(New name must be distinguishable and contain an acceptable suffix.)

*Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.*

*Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.*

**B. If amending mailing address and/or principal office address, enter new mailing address and/or principal office address here:**

New Principal Office Address:  
(Must be STREET address)

1311 NW 159 AVENUE  
PEMBROKE PINES  
FLORIDA 33028

New Mailing Address:  
(May be post office box)

1311 NW 159 AVENUE  
PEMBROKE PINES  
FLORIDA 33028

**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:

\_\_\_\_\_

New Registered Office Address:

\_\_\_\_\_

(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 and business address of each general partner being added or removed from our records:**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
GENERAL PARTNER	HYACINTH CASTELLAN	16472 NW 145th Pembroke Pines FL 33028	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
GENERAL PARTNER	HYACINTH ENTERO	1311 NW 159 AVE. Pembroke Pines FL 33028	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

2009 JAN 16 PM 4:13  
 FILED  
 COUNTY CLERK  
 MIAMI-DADE COUNTY  
 FLORIDA

**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, enter change(s) here: (Attach additional sheets, if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Effective date, if other than the date of filing: \_\_\_\_\_  
(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

**Signature(s) of a general partner or all general partners\*:**

(\*NOTE: Only one current general partner is required to sign this document unless the limited partnership is adding or removing a "limited liability limited partnership" election statement. Chapter 620, F.S., requires all general partners to sign when adding or removing a "limited liability limited partnership" election statement.)

*Kevin Castellon*

\_\_\_\_\_  
\_\_\_\_\_

FILED  
2019 JAN 16 PM 4:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Signature(s) of all new or dissociating general partner(s), if any:**

*Ayaanah Lotaw*

*Ayaanah Castellon*

\_\_\_\_\_  
\_\_\_\_\_

Filing Fee: \$52.50  
Certified Copy (optional): \$52.50  
Certificate of Status (optional): \$8.75