Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number

: (850)617-6383

Account Name

: THERREL BAISDEN, P.A.

Account Number : I20140000055

Phone

: (305)371-5758

Fax Number

; (305)371-3178

Timer the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

| Email | Address: | | | |
|---------|-----------|--|--|--|
| CILITAL | AUDITESS: | | | |

LP/LLLP AMENDMENT/RESTATEMENT/CORRECTION PETRICONE INVESTMENT GROUP, LTD.

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 01 |
| Estimated Charge | \$52.50 |

MAY 2 7 2015

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COVER LETTER

| TO: Registration Division of C | | | | |
|--------------------------------|--|--------------------------------------|----------|--|
| SUBJECT: | Petricone | : Investment G | Group | o, Ltd |
| Na | me of Florida Limited Par | tnership or Limited L | iability | Limited Partnership |
| The enclosed Certifi | cate of Amendment a | nd fee(s) are subm | itted i | for filing. |
| Please return all con | respondence concerni | ng this matter to: | | • |
| <u>M</u> : | ark M. Hasner, Esq. | | • | · |
| | | | | |
| <u></u> | nerrel Baisden, P.A. | | | |
| | Firm/Company | | | |
| 1 S | E 3 Avenue, Ste 29 | 50 | _ | |
| | Address | | | |
| , | Miami, FL 33131 | | | |
| | City, State and Zip Code | | • | |
| mhasi | ner@therrelbaisden | .com | | |
| | be used for future annual | | - | |
| | | | | |
| For further informat | ion concerning this m | atter, please call: | | |
| Mark I | M. Hasner | _ at (305 |) | 371-5758 |
| Name of Contr | act Person | Area Code an | d Dayt | ime Telephone Number |
| Enclosed is a check | for the following amo | unt: | | |
| \$52.50 Filing Fee | \$61.25 Filing Fee and Certificate of Status | \$105.00 Filing and Certified Cop | | \$113.75 Filing Fee, Certified Copy, and Certificate of Status |
| STREET ADDRES | SS: | MAIL | ING A | ADDRESS: |
| Registration Section | Registration Section | | | |
| Division of Corpora | tions | Division of Corporations | | |
| Clifton Building | 4 6011 | P. O. Box 6327 | | |
| 2661 Executive Cen | | Tallaha | issee, | FL 32314 |
| Tallahassee, FL 323 | 100 | | | |

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

PETRICONE INVESTMENT GROUP, LTD.

Insert name currently on file with Florida Department of State

| | | | | • |
|---|---------------------------|--|-----------------------|-----------------------------|
| Pursuant to the provisions of section 620. limited liability limited partnership, whos | | | | |
| 11/15/2007 assig | | | | |
| adopts the following certificate of amenda | med Flor | da document numb | er | ;- |
| adopts the following certificate of amendi | nem to n | s certificate of fiffi | red harmersu | ıp. |
| This amendment is submitted to amend the fol | lowing: | | | |
| A. If amending name, enter the new name | of the lin | nited partnership or | limited liabi | lity limited partnership |
| here: | | | | |
| | | | | |
| New name must be d | istinguisha | ble and contain an acce | ptable suffix. | |
| a 197 while 1980 a 100 magnet | Pi | - Ituate of ID IV on | 143 | |
| Acceptable Limited Partnership suffixes: Limited Acceptable Limited Liability Limited Partnership | rarmersm; suffixes: Li | p, Limilea, L.F., LC, Or imited Liability Limited | Lia. Parmership. L | .L.L.P. or LLLP. |
| Acceptable Limited Districtly During I all sion strap | | | , | |
| B. If amending mailing address and/or | princip | al office address, <u>e</u> | nter new ma | <u>iling address and/or</u> |
| principal office address here: | | | | |
| | | | | |
| New Principal Office Addr | ess: | | | <u> </u> |
| (Must be STREET address) | | | | |
| | | | - | |
| New Mailing Address: | | | | |
| (May be post office box) | | | | |
| is the past of the conf | | | | |
| | | | | |
| | | | | |
| C. If amending the registered agent and/onew registered agent and/or the new registered. | or register | red Office address Of | 1 our records | , enter the name of the |
| new registered agent and/or the new registe | Led arrice | Radiess neie: | | |
| | | | | |
| Name of New Registered Agent: | | | | |
| | 1 9 = 3 | Avenue, Ste 295 | in | |
| New Registered Office Address: | <u> </u> | | a street addre: | |
| | | Enter Florid | a sileet (iaare) | i J |
| | | Miami | , Florida _ | 33131 |
| | | Ciŋ | | 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 duttes, 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:

| Title | Name | Address | Type of Action |
|----------------|---|--------------------------------|---------------------------------|
| | | | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| | | | AddRemove |
| | <u> </u> | | |
| | | | Add Remove |
| | partnership or limited liability p" status, enter change bere: | limited partnership is amen | — iding its "limited liabili |
|] This Limited | Partnership hereby elects to be | a "Limited Liability Limited P | artnership." |
| | | | |

E. L ty limit

| | This Limited 1 | 'artnership h | ereby elects to | be a "Limited | d Liability L | imited Partnership. | ** |
|--|----------------|---------------|-----------------|---------------|---------------|---------------------|----|
|--|----------------|---------------|-----------------|---------------|---------------|---------------------|----|

This Limited Partnership hereby removes its "Limited Liability Limited Partnership" status.

(NOTE: If adding or removing" limited liability limited partnershtp" status, all general partners must sign this amendment.)

| Effective date, if other than the date of filing: | |
|--|---|
| Effective date cannot be prior to nor more than 90 days after the | he date this document is filed by the Florida Department |
| State.) | |
| | |
| Signature(s) of a general partner or all general pa | rinera*: |
| | |
| "NOTE: Only one current general partner is required to sign t emowing a "Inquired liability limited partnership" election states. | this document unless the limited partnership is adding of ment. Chapter 620, F.S., requires all general partners to |
| when adding or removing a "limited liability limited partnership | p" election statement.) |
| | |
| War thrown | |
| The state of the s | |
| Astronized Person or hehalf of | |
| Actionized Person or behalf of Potosione Truertment Management, UC, General Portaer | |
| respective many | |
| LLC, General Portale | |
| | |
| Signature(s) of all new or dissociating general par | ther(s), ii any. |
| · · | |
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| | • |
| Filing Fee: \$52.50 Certified Copy (optional): \$52.50 | |