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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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SECRETARY OF STATE
DIVISION OF CORFORATIONS

JUL 12 2021 R. HUNT

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: Me Moma S Name of Florida Limite	. Mayw Tawly	y Limited Partnership	<u>Parthusu</u>
The enclosed Certificate of Amendme			
Please return all correspondence conc	cerning this matter to:		
Talya Mayw Bio	xle		
Contact Person			
		null = 0/21 0	Violit nos
Firm/Company		09130/21-6	1009 -000
1777 Sundayet ha		04/30/21-0	A 20
1327 Sunbury br			∝2
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FOOD MYWS, FL 2	5901		
*** , * * * * * * * * * * * * * * * * * * *			
E-mail alidress: (to be used for future a	gmail. com		
E-mail didress: (to be used for fiture a	influal report notification)		
For further information concerning the	nis matter, please call:		
Talua M. BiCKLE	at (954) 6	49-4893	
Talya M. Bikle Name of Contact Person	Area Code and Day	nime Telephone Number	
Enclosed is a check for the following	amount:		
S52.50 Filing Fee □\$61.25 Filing I	Fee S105.00 Filing Fee	□\$113.75 Filing Fee	,
Una to Ralance and Certificate of		Certified Copy, and	
\$27.50 Donoring Status		Certificate of Status	
Mailing Address:	Street Addr	Street Address:	
Registration Section	_	Registration Section	
Division of Corporations		Division of Corporations The Centre of Tallahassee	
P.O. Box 6327		of Tallanassee nroe Street, Suite 81	0
Tallahassee, FL 32314	Tallahassee,		U
	i miningsce,		

CERTIFICATE OF AMENDMENT CERTIFICATE OF LIMITED PARTNERSHIP OF

The Momas S. Insert name currents	Mayor Fally 14 United Partnerships on file with Florida Department of State
Pursuant to the provisions of section 620.12 limited liability limited partnership, whose	202, Florida Statutes, this Florida limited partnership or certificate was filed with the Florida Department of State on ed Florida document number.
This amendment is submitted to amend the following	owing:
A. If amending name, enter the new name of here:	of the limited partnership or limited liability limited partnership
New name must be dis	tinguishable and contain an acceptable suffix.
Acceptable Limited Partnership suffixes; Limited Pa Acceptable Limited Liability Limited Partnership st	artnership, Limited, L.P., LP, or Ltd. gfixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.
	principal office address, enter new mailing address and/or
New Principal Office Address (Must be STREET address)	FORT MYERS, FL 33701 \$ 500
New Mailing Address: (May be post office box)	Same as about SPA CONFORM
C. If amending the registered agent and/or registered agent and/or the new registered of	egistered office address on our records, enter the name of the new fice address here:
Name of New Registered Agent:	Talya mayor Bickle
New Registered Office Address:	Enter Florida street address 33701
	, Florida

City

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 Quistered 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>	Name	Address	Type of Action
G	Talya Mayor Bickye	1327 Sunburgar. Fort myers 33701	Add Remove
	Thomas S. mayer		☐ Add ☐ 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, enter change	e(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 State.) Note: If the date inserted in this block does not meet the applicable listed as the document's effective date on the Department of S	ole statutory filing requirements, this date will not
Signature(s) of a general partner or all general partner or removing a "limited liability limited partnership" election statements adding or removing a "limited liability limited partnership"	is document unless the limited partnership is adding or ent. Chapter 620, F.S., requires all general partners to sign
Talya Mayor bickle	Mu
Signature(s) of all new or dissociating general part	ner(s), if anv
Talya Mayor Bioxue	T

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

