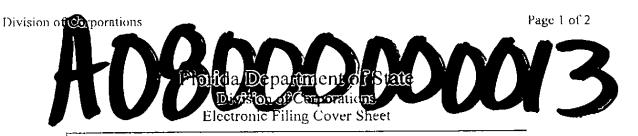
S



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000150144 3)))



H190001501443ABCZ

			
To:			
10:	Division of Corporations		. =
	Fax Number	; (350) 617-6383	: 5
From:			<u>.</u>
	Account Name	: NELSON MULLINS BILEY	A SCARBOROUGH LLE
	Account Number	: 119980000090	• • • •
	Phone	: (407)839-4200	77),
	Fax Number	: (407)839-4264	C.F.

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

Email Address:__

LP/LLLP AMENDMENT/RESTATEMENT/CORRECTION LEONI HOLDINGS, LLLP

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$52.50

Electronic Filing Menu

Corporate Filing Menu

Help

COLUMN TO THE THE COLUMN TWO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN THE COLUMN TO THE COLUMN TO THE COLUMN THE COLUMN

CH190001501

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP

LEONI HOLDINGS, LLLP Insert name currently on file with Florida Department of State 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 __, assigned Florida document number A08000000013 January 3, 2008 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 Portnership, 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) New Mailing Address: (May be post office box) 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 adaress

Page 1 of 3

(HIN 0001=0144 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 added or removed from our records:

Title	Name	Address	Type of Action
GP	Steven M. Leoni	3951 W. Millers Bridge Road Tallahassee, FL 32312	_ □ Add ■ Remove
GP	Steven M. Leoni and*	3951 W. Millers Bridge Road Tallahassee, FL 32312	_ Add _ Remove
	*Christine S. Leoni, as tenants	by the entirety	_ □ Add □ Remove
			C Add _ C 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.)

(HIGDEOISUIYY 3)

F. If amending any other information, en	ter change(s) her	re: (Attach a	lditional shee	ets, if necessal	(יקי
				<u>.</u> .	
		-			
r L	<u> </u>		<u> </u>	- •	
fective date, if other than the date of filing: George date cannot be prior to nor more than 90 date.)	ys after the date th	is document is	filed by the F	lorida Departu	nent of
ite: If the date inserted in this block does not meet t listed as the document's effective date on the Depa	he applicable statut rtment of State's re	ory filing requeords.	irements, this	date will not	
gnature(s) of a general partner or all gen	ieral partners*	<u>:</u>			
NOTE: Only one current general partner is require moving a "limited liability limited partnership" election adding or removing a "limited liability limited partnership".	tion statement. Ch	upter 620, F.S.	, requires all g	ership is addin eneral partners	g or s to sign
avan M. Laoni — ()		A	H		
even M. Leoni Turrunt GP	, ,,,,,		L-/		
		··.—		***********	
gnature(s) of all new or dissociating gen-	eral partner(s),	if any:			
even M. Leoni and Christine S. Leoni, tenants					
the entirety - NOW GPS	(Jan-in	
	<u></u>				
			·		
					20
iling Fee: \$52.50 ertified Copy (optional): \$52.50				<u>ā</u> .	1914
ertificate of Status (optional): \$8.75				:.	2019 HAY -6
	Page 3 of 3				
					ال ا بو
			111168	部为100	AM 9: 25
			CHLIN	001 7 7	