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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	+ #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
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05/12/14--01052--014 **52.50



B. BOSTICK
MAY 2 1 2014
EXAMINER

COVER LETTER

Division of Corporations
SUBJECT: GHL 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:
Donald Leebow, Trustee
Contact Person
Donald Leebow Revocable Living Trust Firm/Company
• •
1532 Island Way
Address
Weston, Florida 33326
City, State and Zip Code
dleebow@bettydain.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Donald Leebow at (305) 769-3451
Name of Contact Person Area Code and Daytime Telephone Number
Enclosed is a check for the following amount:
\$52.50 Filing Fee Solution Status Status Status \$105.00 Filing Fee Solution Status Sta
STREET ADDRESS: MAILING ADDRESS:
Registration Section Registration Section
Division of Corporations Division of Corporations Division of Corporations
Clifton Building P. O. Box 6327 2661 Executive Center Circle Tallahassee, FL 32314
Tallahassee, FL 32301

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

GHL F	AMILY, LLLP	
Insert name currently on	île with Florida Department of State	
Pursuant to the provisions of section 620.1202, limited liability limited partnership, whose certis	ficate was filed with the Florida	Department of State on
adopts the following certificate of amendment to	<i>f</i> -	rship. 40800000103
This amendment is submitted to amend the following	`	•
A. If amending name, enter the new name of the here:	limited partnership or limited lis	ability limited partnership
New name must be distinguis	shable and contain an acceptable suffix	х.
Acceptable Limited Partnership suffixes: Limited Partner Acceptable Limited Liability Limited Partnership suffixes		o, L.L.L.P. or LLLP.
B. If amending mailing address and/or princ principal office address here:	ipal office address, <u>enter new</u>	mailing address and/or
New Principal Office Address:	1532 Island Way	
(Must be STREET address)	Weston, Florida 33326	- -
New Mailing Address:	1532 Island Way	
(May be post office box)	Weston, Florida 33326	
C. If amending the registered agent and/or regisnew registered agent and/or the new registered off		rds, enter the name of the
Name of New Registered Agent:		<u> </u>
New Registered Office Address:	Enter Florida street ada	tress
		Florida limited partnership or the Florida Department of State on 0800000103, ted partnership. AUSU DOOD 103 Limited liability limited partnership Eptable suffix. Ltd. Partnership, L.L.L.P. or LLLP. Enter new mailing address and/or 33326 a street address Thorida
	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>	Type of Action
G	Donald Leebow, Truste	1532 Island Way Weston, Florida 33326	Add Remove
<u>G</u>	Richard Leebow, Truster	3734 NE 208th Street Aventura, Florida 33180	Add Remove
*	Gerald Leebow, Trustee	3802 NE 207th Street Apt. 1602 Aventura, Florida 33180	Add Remove,
*	Harriet Leebow, Trustee	3802 NE 207th Street Apt. 1602 Aventura, Florida 33180	Add
*	Gerald & Harriet Leebox	are deceased	Add Remove
limited partnershi	partnership or limited liability p" status, enter change here: Partnership hereby elects to be		
	Partnership hereby removes its	•	•

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

F. If amending any other information, enter cha	nge(s) nere: (Attach additional sheets, y hecessa	<i>ry.)</i>
,		
· · · · · · · · · · · · · · · · · · ·		
Effective date, if other than the date of filing:		
Effective date cannot be prior to nor more than 90 days after state.)	the date this document is filed by the Florida Departs	ment d
Signature(s) of a general partner or all general p	eartners*:	
*NOTE: Only one current general partner is required to sign removing a "limited liability limited partnership" election state when adding or removing a "limited liability limited partnersh	ement. Chapter 620, F.S., requires all general partner	
GERALIS LEEBOW DECEASED		
GERALIS LEEBOW, DECEASEIS HARRIET LEEBOW, DECEASEIS	28	
		•
ignature(s) of all new or dissociating general pa	rtner(s), if any:	
Klonen & Kulo		
Se la	Bichard Leebow	
Muncal He	Richard Leebow	
Filing Fee: \$52.50		
Certified Copy (optional): \$52.50 Certificate of Status (optional): \$8.75		