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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

Date:	01/24/2023	
	Janelle Davis	_
	ce #: <b>1887298</b>	_
		NY FAMILY LIMITED PARTNERSHIP
A	rticles of Incorporation/Authorization	to Transact Business
<b>√</b> A	mendment	
	hange of Agent	
☐ R	teinstatement	
	Conversion	
M	1erger	
	essolution/Withdrawal	
□ F	ictitious Name	
<b>√</b> C	otherPlease keep the original	I submission date as the filing date.
Authoriz	red Amount: <b>\$52.50</b>	
Signatu	re: <u>Janelle Davis</u>	

F: +852.2682.9790

#### COVER LETTER

TO:	Registration S Division of Co				
SHRI	ECT: Gil, Clary	. Chris and Danny Family	Limited Partnershp	1	
3010	Nan	Chris and Danny Family ne of Florida Limited Par	tnership or Limited	Liability	Limited Partnership
The er	nclosed Certific	ate of Amendment ar	nd fec(s) are subr	nitted fo	or filing.
Please	return all corre	espondence concernir	ng this matter to:		
Becky	Muzychka			_	
		Contact Person	<del></del>	_	
Greens	poon Marder LLP				
		Firn/Company		_	
200 E.	Bioward Blvd., St	iite 1800			
		Address	<del>12 - ■.</del> -	_	
Fort La	nuderdale, FL 3330	)1			
	С	ity, State and Zip Code		_	
gilclar	y@gmail.com				
Е	-mail address: (to	be used for future annual	report notification)	-	
For fu	orther information	on concerning this ma	atter, please call:		
Becky	Muzychka		at ( <u>954</u>	491-11	20 x 2979
	Name of Contac	t Person	Area Code a	nd Daytii	ne Telephone Number
Enclo	sed is a check f	or the following amo	unt:		
<b>3</b> \$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
Regist Divisi P.O. E	ng Address: tration Section ion of Corporati Box 6327 nassee, FL 3231		Regist Division The Co 2415 N	entre of I. Monr	<del></del>



January 23, 2023

COGENCY GLOBAL

SUBJECT: GIL, CLARY, CHRIS AND DANNY FAMILY LIMITED PARTNERSHIP Ref. Number: A08000001049

We have received your document for GIL, CLARY, CHRIS AND DANNY FAMILY LIMITED PARTNERSHIP and the authorization to debit your account in the amount of \$52.50. However, the document has not been filed and is being returned for the following:

The document must be signed by a current general partner, if any, and by each newly designated general partner(s).

All general partners must sign when adding or deleting an election to be a limited liability limited partnership.

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) 245-6050.

Claretha Golden Regulatory Specialist II

SECRETARY OF STATE

FALL AHASSEE FLORIDA

Letter Number: 023A00001594

## FILED

#### CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

2023 JAN 20 PH 12: 04 SECRITATION OF STATE TALLAHASSEE, FL

GIL, CLARY, CHRIS AND DANNY FAMILY LIMITED PARTNERSHIP

Insert name	currently or	i file with Florida	a Department of State

Pursuant to the provisions of section 620.1202, I limited liability limited partnership, whose certificate of a ssigned Fl adopts the following certificate of amendment to This amendment is submitted to amend the following	ficate was filed wi orida document no o its certificate of l	th the Florida Department of State on umber A08000001049
A. If amending name, enter the new name of the		p or limited liability limited partnership
here:		p or annex and an arrangement
New name must be distinguis	shable and contain an	acceptable suffix.
Acceptable Limited Partnership suffixes: Limited Partner. Acceptable Limited Liability Limited Partnership suffixes.	ship, Limited, L.P., Li : Limited Liability Lin	P. or Ltd. nited Partnership, L.L.L.P. or LLLP.
B. If amending mailing address and/or princ principal office address here:	ipal office addres	ss, enter new mailing address and/or
New Principal Office Address:	2730 Stirrup Lane	
(Must be STREET address)	Weston, FL 33331	
New Mailing Address: (May be post office box)		
C. If amending the registered agent and/or registered agent and/or the new registered office a		on our records, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Flo	orida street address
		. Florida
<del></del>	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:

Title	Name	Address	Type of Action
<u>GP</u>	Gilberto Cerda  Deceased	2775 Windmill Ranch Road Weston, FL 33331	
<u>GP</u>	Clary Cerda	2775 Windmill Ranch Road Weston, FL 33331	_
	Clara Cerda, Trustee of rda Trust B f/b/o Clara tive August 22, 2020	2730 Stirrup Lane Weston, FL 33331	_
<del></del>	Clara Corda, Trustee of Revocable Living Trust 29, 2010	2730 Stirrup Lane Weston, FL 33331	_ Add _ Remove
			_

E. If the limited partnership or limited liability limited partnership is amending its "limited liability limited partnership" status, enter change here:

0	This Limited Partnership	hereby elects to be a "Limitec	l 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 cha	ange(s) here: (Attach additional sheets, if necessary.)
Effective date, if other than the date of filing:	er the date this document is filed by the Florida Department o
(Effective date cannot be prior to nor more than 90 days after State.)  Note: If the date inscried in this block does not meet the appliance listed as the document's effective date on the Department	licable statutory fifing requirements, this date will not
Signature(s) of a general partner or all general 1	partners*:
(*NOTE: Only one current general partner is required to sig removing a "limited liability limited partnership" election sta when adding or removing a "limited liability limited partners	itement. Chapter 620, F.S., requires all general partners to sig
Cay Cad	
Signature(s) of all new or dissociating general p	artner(s), if any:
x faugurd	
& lay Cerda	
Filing Fee: \$52.50 Certified Copy (optional): \$52.50	
Certified Copy (optional): \$52.50 Certificate of Status (optional): \$8.75	