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K.SALY EXAMINER JUN 2 4 2015

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: DIFALCO & FERNANDEZ, 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:				
KIMBERLY MARENCO Contact Person				
DIFALCO & FERNANDEZ LLLP				
Firm/Company				
777 BRICKELL AVE., SUITE 630 Address				
MIAMI, FL 33131				
City, State and Zip Code				
KMARENCO@DIFALCOFERNANDEZ.COM E-mail address: (to be used for future annual report notification)				
E-man address. (to be used for future aiman report notification)				
For further information concerning this matter, please call:				
FEDERICO FERNANDEZ at (305) 569-9800 Name of Contact Person Area Code and Daytime Telephone Number				
Enclosed is a check for the following amount:				
\$52.50 Filing Fee and Certificate of Status \$105.00 Filing Fee Certified Copy Certified Copy, and Certificate of Status				
STREET ADDRESS: Registration Section Division of Corporations Clifton Building P. O. Box 6327 2661 Executive Center Circle Tallahassee, FL 32301 MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314				

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF



DIFALCO & FERNANDEZ, LLLP

Insert name currently on file with Florida Department of State

Pursuant to the provisions of section 620.1202, Flamited liability limited partnership, whose certific 02/17/2009, assigned Floring	cate was filed v	vith the Florida Department of State on
adopts the following certificate of amendment to i	ts certificate o	f limited partnership.
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the li</u> <u>here</u> :	mited partners	hip or limited liability limited partnership
New name must be distinguish	able and contain a	an acceptable suffix.
Acceptable Limited Partnership suffixes: Limited Partnersh Acceptable Limited Liability Limited Partnership suffixes: L		
B. If amending mailing address and/or princip principal office address here:	oal office addi	ess, enter new mailing address and/or
New Principal Office Address: (Must be STREET address)		
New Mailing Address: (May be post office box)		
C. If amending the registered agent and/or registenew registered agent and/or the new registered offic		
Name of New Registered Agent:		
New Registered Office Address:	Enter 1	Florida street address
		, Florida
	City	Zip Code

provisions of all statutes relative to	o the proper and complete perfo				
	If Changing Registered Agent, Signature of New Registered Agent				
the general partner(s), enter the d from our records:	name and business address of e	each general partner being			
<u>Name</u>	Address	Type of Action			
Christopher DiFalco	2000 Towerside Terrace Tower Suite #6 Miami, FL 33138	Add Remove			
Christophe L. DiFalco	777 Brickell Avenue Suite 630 Miami, FL 33131	Add Remove			
Federico E. Fernandez	8110 Old Cutler Road Coral Gables, FL 33143	Add Remove			
Federico E. Fernandez	777 Brickell Avenue Suite 630 Miami, FL 33131	Add Remove			
		Add Remove			
		Add Remove			
	the general partner(s), enter the d from our records: Name Christopher DiFalco Christophe L. DiFalco Federico E. Fernandez	the general partner(s), enter the name and business address of of from our records: Name			

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

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

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Effective date, if other than the date (Effective date cannot be prior to nor more State.)	of filing: than 90 days a	ifter the date	e this document	is filed by the	Florida Dep	oartment of
Signature(s) of a general partner of						
(*NOTE: Only one current general partner removing a Timited liability limited partner when adding or temoving a "limited liability limited liability liabili	r is required to rship" election ty limited partn	sign this do statement. nership" elec	cument unless t Chapter 620, F. ction statement.	he limited pa S., requires a	rtnership is a II general par	dding or tners to sig
	·· ·					
				-		
Signature(s) of all new or dissocia	ting genera	l partner((s), if any:			
	<u>.</u>					
						
Filing Fee:	\$52.50					
Certified Copy (optional):	\$52.50					
Certificate of Status (optional):	\$8.75					