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(Re	equestor's Name)	
(Ad	ldress)	
(Ac	ddress)	
(Cir	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	·
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T. HAMPTON

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: HBERMAI	N INVESTMENTS, LLLP
	tnership or Limited Liability Limited Partnership
The enclosed Certificate of Amendment and	nd fee(s) are submitted for filing.
Please return all correspondence concerning	ng this matter to:
Arthur Berman	
Contact Person	
HBerman Investments, LL	<u>LP</u>
Firm/Company	
1660 Gulf Boulevard - #8	307
Address	
Clearwater, FL 33767	
City, State and Zip Code	
aberman1020@hotmail.d	com
E-mail address: (to be used for future annual	
For further information concerning this ma	atter, please call:
T. D. Hawkins	at (727)501-1111 ext. 216
Name of Contact Person	Area Code and Daytime Telephone Number
Enclosed is a check for the following amo	unt:
\$52.50 Filing Fee S61.25 Filing Fee and Certificate of Status	\$105.00 Filing Fee and Certified Copy Certified Copy, and Certificate of Status
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 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

HBERMAN INVESTMENTS, LLLP	
Insert name currently on file with Florida Department of State	

Insert name cur	rently on	file with Florida Departn	ent of State			
Pursuant to the provisions of section 620 limited liability limited partnership, who 06/09/2009, ass	se certi	ficate was filed with	the Florida De	partment	of Stat	
adopts the following certificate of amen						
This amendment is submitted to amend the f	ollowing	::				
A. If amending name, <u>enter the new nam</u> <u>here</u> :	e of the	limited partnership c	r limited liabil	lity limited	<u>partn</u>	<u>ership</u>
		n/a				
New name must be	distingui	shable and contain an acc	eptable suffix.			
Acceptable Limited Partnership suffixes: Limited Acceptable Limited Liability Limited Partnershi				L.L.P. or LI	LLP.	
B. If amending mailing address and/o principal office address here:	r princ	cipal office address,	enter new ma	iling addı	ress ar	<u>nd/or</u>
New Principal Office Add	ress:	1660 Gulf Boule			<u>.</u>	
(Must be STREET address)		Clearwater, FL 3	33767		_	
New Mailing Address: (May be post office box)		1660 Gulf Boule Clearwater, FL				
C. If amending the registered agent and new registered agent and/or the new regist	ered off	<u>ice address here</u> :	n our records,	enter the	пате	of the
Name of New Registered Agent:	Ann	ur Berman				
New Registered Office Address:	166	O Gulf Boulevard - #				
			la street address	SEG	5	
		Clearwater	, Florida	33767	f Ef8	
		City	2	lip Godei	9_{6	estantes (produces)
				#4 ™0		ji pagag
				FS	P#	g e [
	P	age 1 of 3		TAT OR!	 Ch	ترييا

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
		,	Remove
			15 GEB 9 GH 1: 50 RECEIVE AND RECEIVE STATE ALL HAS STATE LORING
			Add Remove
			Add

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

F. If amending any other info	i mation,	enter change(s)	nere. panacae	idilmonar sn	iccis, ij ne	cessur y	·. <i>y</i>
							
							
	 						
Effective date, if other than the da	te of filin			_			- -
Effective date, if other than the da Effective date cannot be prior to nor mo State.)	re than 90	days after the da	te this document i	s filed by the	Florida De	epartme	ent of
Signature(s) of a general partne	<u>r or all g</u>	eneral partne	rs* <u>:</u>				
*NOTE: Only one current general parts removing a "limited liability limited part when adding or removing a "limited liab	ner is requi nership" el	red to sign this dection statement.	ocument unless th Chapter 620, F.S	e limited partic, requires all	tnership is I general pa	adding artners t	or to sig
allun Bemar	•		,				
		•		·- <u>-</u>			
	<u></u>	•			_		
Signature(s) of all new or dissoc	iating ge	neral partner	(s), if any:				
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Certified Copy (optional):	\$52.50 \$8.75				EG	PH	1 1
Certificate of Status (optional):	\$0.7£				FIST	••	A STATE
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