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From:

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Account Number: 072450003255

Phone : (305)634-3694

Fax Number

: (305)633-9696

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

77	Address:			
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## LP/LLLP AMENDMENT/RESTATEMENT/CORRECTION BEN SORIANO FAMILY LIMITED PARTNERSHIP

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$52.50

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J. BRYAN

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## CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

## BEN SORIANO FAMILY LIMITED PARTNERSHIP

Insert name currently on file with Florida Department of State

Pursuant to the provisions of section 620.1202, I limited liability limited partnership, whose certif 01/19/2011, assigned Fi	ficate was filed with orida document nu	h the Florida Department of State on mberA11000000061,		
adopts the following certificate of amendment to	its certificate of li	mited partnership.		
This amendment is submitted to smend the following:	1			
A. If amonding name, enter the new name of the here;	limited partnership	or limited liability limited partnership		
THE BEN SORIANO FAM	MILY LIMITED	PARTNERSHIP		
New name must be distinguis				
Acceptable Limited Partnership suffixes: Limited Partners Acceptable Limited Liability Limited Partnership suffixes:				
B. If amending mailing address and/or prince principal office address here:	ipal office address	, enter new mailing address And/or		
New Principal Office Address: (Must be STREET address)				
New Mailing Address: (May be part affice 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 address			
		. Florida		
	City	Zip Code		

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EMPIRE CORP KIT

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## 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 Registored Agent, Signature of New Registered Agent

D. If amending the general partner(s), guter the name and business address of each general partner being added or removed from our respects: Title Name Address Type of Action Add Remove Add Remove Remove Remove Remove DAAG Remove E. If the limited partnership or limited liability limited partnership is amending in "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.

Page 2 of 3

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

F. If amending any other information, enter change(s) here: (Attack	th additional sheets, if tweexsary)
	FLORIDE TO STATE
Effective date, if other than the date of filing:  (Effective date cannot be prior to nor more than 90 days after the date this docume. State.)	nt is filed by the Floridu Department of
Signature(s) of a general partner or all general partners*;  (*NOTE: Only one current general partner is required to sign this document unless	
removing a "limited liability limited partitership" election statement. Chapter 620, when adding or removing a "limited liability limited partnership" election statement of the control o	
OF LEAN SORIAND CONTINE OF The SORIAND FOMILY MONGBONES	T Trus
Signature(s) of all new or dissociating general partner(s), if any:	
Filing Fee: \$52.50 Certified Copy (optional): \$52.50 Certificate of Status (aptional): \$8.75	

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