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(Re	questor's Name)				
(Ad	dress)				
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(Cit	y/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
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(Do	cument Number)				
Certified Copies	_ Certificates	s of Status			
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J. BRYAN

JAN 17 2012

EXAMINER

LAW OFFICES

Julio C. Marrero & Associates

PROFESSIONAL ASSOCIATION

Attorneys & Counselors at Law merrick pointe

3850 BIRD ROAD • PENTHOUSE ONE CORAL GABLES, FLORIDA 33146

TELEPHONE: (305) 446-0163

FACSIMILE: (305) 444-5538

January 12, 2012

Registration Section
Division of Corporation
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

RE: Registration Section for

Marrero, Trivedi, Alvarez, Chamizo, Law, LP

Dear Sir/Madam:

Enclosed herein please find check no. 1442 in the amount of Fifty-Two dollars and 50/100 (\$52.50) which represent payment for Certificate of Amendment on the above mentioned company.

Should you have any questions or concerns please feel free to contact our office. Thank you for your attention to this matter.

Very Trufy\Yours,

ULTO-G.MARRERO & ASSOCIATES, P.A.

Julio C. Marrero, Esq.

COVER LÉTTER

TO: Registration Section Division of Corpo				
		DI, ALVAREZ, CH tnership or Limited Liabil	IAMIZO LAW, LP ity Limited Partnership	
The enclosed Certificate of	of Amendment a	nd fee(s) are submitted	d for filing.	
Please return all correspon	ndence concernir	ng this matter to:		
	Marrero, Esquir	re	دم .	
Co	ntact Person		TAI OIS	
MARRERO, TRIVEDI, A	ALVAREZ, CHA	AMIZO LAW, LP	- CR -	
Fir	m/Company			5
3850 Bird Re	oad, Penthouse	e One	2012 JAN 13 PM 1:26 2012 JAN 13 PM 1:26 SECRETARY OF STATE TALLAHASSEE, FLORIDA	8
	Address		Fig. 2	
			FS =	
	ables, FL 3314	6	9E 2	
City, S	tate and Zip Code			•
	rerorealestatela			
E-mail address: (to be use	ed for future annual	report notification)		
For further information co	oncerning this ma	atter, please call:		
Julio C. Marrero	, Esquire	at (305)	446-0163	
Name of Contact Pers			ytime Telephone Number	
Enclosed is a check for th	e following amou	unt:		
	61.25 Filing Fee Certificate of us	\$105.00 Filing Fee and Certified Copy	\$113.75 Filing Fee, Certified Copy, and Certificate of Status	
STREET ADDRESS:		MAILING	ADDRESS:	
Registration Section		Registration		
Division of Corporations		_	Corporations	
Clifton Building		P. O. Box 6	•	
2661 Executive Center Ci	rcle	Tallahassee	, FL 32314	
Tallahassee, FL 32301				

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP **OF**

ALLE SELECTION OF THE S MARRERO, TRIVEDI, ALVAREZ, CHAMIZO LAW, LP

Insert name currently on file with Florida Department of State

Pursuant to the provisions of section 620.1202, Florida Statutes, this Florida limited partnership or limited liability limited partnership, whose certificate was filed with the Florida Department of State on 02/08/2011, assigned Florida document number A11000000119,						
adopts the following certificate of amendment to its certificate of limited partnership.						
This amendment is submitted to amend the following:						
A. If amending name, <u>enter the new name of the linere:</u>	nited partnershi	o or limited liability limited partnership				
New name must be distinguisha	ble and contain an	acceptable suffix.				
Acceptable Limited Partnership suffixes: Limited Partnershi Acceptable Limited Liability Limited Partnership suffixes: L						
B. If amending mailing address and/or princip principal office address here:	al office addres	s, 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 register new registered agent and/or the new registered office		s on our records, enter the name of the				
Name of New Registered Agent:						
New Registered Office Address:	Enter Flo	rida street address				
		. Florida				
	City	Zip Code				

New Registered Agent's Signature, if changing Registered Agent:

CECRETARY OF TO ANY 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, 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 tl	he general	partner(s),	enter the	name	and	business	address	of eac	h general	partner	being
	led or removed											

<u>Title</u>	Name	Address	Type of Action			
<u>GP</u>	Erick Trivedi, Esq.	3850 Bird Road Penthouse One Coral Gables, FL 33146	Add Remove			
·		·	Add Remove			
			Add Remove			
·····			Add Remove			
			Add Remove			
			Add Remove			
E. If the limited plimited partnershi	partnership or limited liabilit p" status, enter change here:	y limited partnership is amen	ding its "limited liability			
This Limited	This Limited Partnership hereby elects to be a "Limited Liability Limited Partnership."					
This Limited	Partnership hereby removes its	s "Limited Liability Limited Par	rtnership" status.			

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

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Effective date, if other than the date of filing:	70
(Effective date cannot be prior to nor more than 90 days afte State.)	er the date this document is filed by the Florida Department of
Signature(s) of a general partner or all general	partners*:
(*NOTE: Only one current general partner is required to sign removing a "limited liability limited partnership" election stawhen adding or removing a "limited liability limited partnership".	atement. Chapter 620, F.S., requires all general partners to sign
:	
Signature(s) of all new or dissociating general p	artner(s), if any:
2 h /	
F10 F	
Filing Fee: \$52.50 Certified Copy (optional): \$52.50	
Certificate of Status (optional): \$8.75	