A11000000119

(F	Requestor's Name)
(A	address)
A)	address)
(C	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(E	Business Entity Name)
(C	Occument Number)
Certified Copies	Certificates of Status
Special Instructions to	o Filing Officer:
	Office Use Only



500265720865

10/24/14--01031--007 **61.25

TALLANIASSEE, FLORIDA

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: MARRERO, TRIVEDI, CHAMIZO LAW, LP			
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:			
L.C. O. Marriago Farmillo			
Julio C. Marrero, Esquire Contact Person			
MARRERO, TRIVEDI, CHAMIZO LAW, LP			
Firm/Company			
3850 Bird Road, Suite 902			
Address			
Coral Gables, Florida 33146			
City, State and Zip Code			
Arelys@MarreroRealEstateLaw.com			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Julio C. Marrero, Esquire at (305) 446-0163			
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 \$113.75 Filing Fee, Certified Copy, and Certificate of Status			
STREET ADDRESS: MAILING ADDRESS:			
Registration Section Registration Section			
Division of Corporations Division of Corporations			
Clifton Building P. O. Box 6327			
2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301			

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

MARRE	RO, TRIVEDI,	CHAMIZO	LAW, LP	

Insert name currently on file with Florida Department of State

Pursuant to the provisions of section 620.1 limited liability limited partnership, whose 2/08/2011 , assign	certifica	ate was filed with the	Florida Dej	partment of State on
adopts the following certificate of amendment				
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name here:	of the lin	nited partnership or li	mited liabili	ty limited partnership
MARRERO, C	HAMIZ	O, MARCER LA	W. LP	
		ole and contain an accept		
Acceptable Limited Partnership suffixes: Limited F Acceptable Limited Liability Limited Partnership s				L.L.P. or LLLP.
B. If amending mailing address and/or principal office address here:	principa	al office address, <u>en</u> t	ter new mai	ling address and/or
New Principal Office Addre	ss:			TAS J
(Must be STREET address)				500
	,			TI 2
New Mailing Address:				SUN CE STORM
(May be post office box)				3 77
				SAR S
C. If amending the registered agent and/or	r ramietar	ed office address on a	ur records	enter the name of the
new registered agent and/or the new register			our records,	enter the name of the
Name of New Registered Agent:	MICHA	NEL MARCER, ESC	ર.	
New Registered Office Address:	3850 BIRD ROAD, SUITE 902 Enter Florida street address			
	C	ORAL GABLES	_, Florida	33146
		City	Z	ip 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:

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
			Removes
			Add PA
	 		_ Add _ Remove
			_

E. If the limited partnership or limited liability limited partnership is amending its "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.

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

F. If amending any other information	on, enter change(s) here: (Attach additi	ional sheets, if necessary.)
Effective date, if other than the date of f	ilina:		
(Effective date cannot be prior to nor more than State.)	90 days after the da	ite this document is filed	d by the Florida Department of
Signature(s) of a general partner or a	ll general partne	ers*:	
(*NOTE: Only one current general partner is re removing a "limited liability limited partnership when adding or removing a "limited liability limited liabil	" election statement.	Chapter 620, F.S. req	ited partnership is adding or nuires all general partners to sign
			·
			14 74 74 74
Signature(s) of all new or dissociating	general partne	c(s), if any	OCT 24 PH
			CALE ORIGA
			
Filing Fee: \$52. Certified Copy (optional): \$52. Certificate of Status (optional): \$8.	50		