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## **COVER LETTER**

TO: Registration Section

Division of C	orporations		
SUBJECT: SM	K Family LLP ne of Florida Limited Par	tnership or Limited Liability	Limited Partnership
The enclosed Certific	rate of Amendment ar	nd fee(s) are submitted	for filing.
Please return all corre	espondence concernii	ng this matter to:	
Kanchar	1 Paniwani Contactiverson		
Rua Ti	Cading LLC Firm/Company		
8212 N	W 30th Terral	<b>.</b>	
Doral, F	-L 33122 ity. State and Zip Code		
E-mail address: (to	aniele amai be used for future annual	report notification)	
For further information	-	·	
Name of Contact	Panjwani Herson	at ( <u>+N)</u> Area Code and Dayt	148-1080 ine Telephone Number
Enclosed is a check f	or the following amo	unt:	
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Mailing Address:		Street Addre	
Registration Section	•	Registration	
Division of Corporat P.O. Box 6327	ions	Division of C The Centre o	•
Tallahassee, FL 3231	A		r rananassee aroe Street, Suite 810
rananassee, ft. 5231	7	Tallahassee,	
		i antanasce,	A BAR CONTRACTOR

## CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

	Ol.
SUK Family L	LD
	with Florida Department of State
Pursuant to the provisions of section 620.1202, Florinited liability limited partnership, whose certific 02/08/201/	ate was filed with the Florida Department of State on
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the linere:	nited partnership or limited liability limited partnership
New name must be distinguisha	ble and contain an acceptable suffix.
Acceptable Limited Partnership suffixes: Lunited Partnershi Acceptable Limited Liability Limited Partnership suffixes: L	
B. If amending mailing address and/or princip principal office address here:	al office address, <u>enter new mailing address and/or</u>
New Principal Office Address: (Must be STREET address)	
New Mailing Address: (May be post office box)	
C. If amending the registered agent and/or registered registered agent and/or the new registered office add	d office address on our records, <u>enter the name of the new</u> ress here:
Name of New Registered Agent:	
New Registered Office Address:	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
	Enter Florida street address  , Florida  City  Zip Code  3
	, Florida
	City Zip Code → TARY ED
	<u> </u>

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

		If Changing Registered Agent, Sig	nature of New Registere
	the general partner(s), enter the r	name and business address of	each general part
r remov tle	ed from our records:  Name	<u>Address</u>	Type of Action
	Ruksana Panjwani	21025 Hunterct Weston, FL 33331	⊒ Add ⊐ Remove
			□ Add □ □ Remove
			□ Add □ Remove
			I Add I Remove
			J Add J Remove
			Remove

(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.

	<del>.</del>
Effective date, if other than the date of filing:	e date this document is fited by the Florida Department of
Note: If the date inserted in this block does not meet the applicable listed as the document's effective date on the Department of its content of its conten	
Signature(s) of a general partner or all general par	rtners*:
(*NOTE: Only one current general partner is required to sign to removing a "limited liability limited partnership" election staten when adding or removing a "limited liability limited partnership.	nent. Chapter 620, F.S., requires all general partners to sig
assign,	Allauddin Panjwani
at Paywoi	Ruksana Panjwani
	11465404 1419 14411
Signature(s) of all new or dissociating general part	
Signature(s) of all new or dissociating general part	::mer(s), if any:
Signature(s) of all new or dissociating general part	::mer(s), if any:
Signature(s) of all new or dissociating general part	::mer(s), if any: