(Re	equestor's Name)				
(Ad	ldress)				
(Ad	ldress)				
(Ci	ty/State/Zip/Phon	e #)			
PICK-UP	☐ WAIT	MAIL			
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EXAMINER



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COVER LETTER

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e,		
Registration Section		
Division of Corporations		
P. O. Box 6327 Tallahassee, FL 32314		

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

	737-400 LL			
Insert name currently on f	file with Florida De	epartment 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 February 13, 2012, assigned Florida document number A1200000080,				
adopts the following certificate of amendment to	its certificate of	of limited partnership.		
This amendment is submitted to amend the following:	:			
A. If amending name, enter the new name of the here:	e certificate was filed with the Florida Department of State on med Florida document number A1200000080 nent to its certificate of limited partnership. owing: of the limited partnership or limited liability limited partnership estinguishable and contain an acceptable suffix. Partnership, Limited, L.P., LP, or Ltd. outfixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP. principal office address, enter new mailing address and/or SS: Tregistered office address on our records, enter the name of the			
New name must be distinguis	shable and contain	an acceptable suffix.		
Acceptable Limited Partnership suffixes: Limited Partners Acceptable Limited Liability Limited Partnership suffixes:				
B. If amending mailing address and/or principal office address here:	ipal office add	ress, enter new mailing address and/or		
New Principal Office Address:				
(Must be STREET address)		70 TE 1000		
Nam Mailing Adduses				
New Mailing Address: (May be post office box)		(T)		
		28		
C. If amending the registered agent and/or registered registered agent and/or the new registered offi				
Name of New Registered Agent:				
New Registered Office Address:	Fnter	Florida street address		
	Diner .	. TO TWO DIT OUT MANY DID		
	City	, Florida		
	1 1117	FILL CHOIC		

		If Charles Basistand Agent Sign	ture of New Pagistered Agent			
		If Changing Registered Agent, Signature of New Registered Agent				
If amending the general partner(s), enter the name and business address of each general partner beinded or removed from our records:						
<u>Title</u>	<u>Name</u>	Address	Type of Action			
	Robert G. Fessler	11 S Swinton Avenue Delray Beach, FL 33444	_ Add _ Remove			
			Add Remove			
			Add Remove			
			_			
			_ Add _ Remove			
			Add Remove			