A12 0000000434

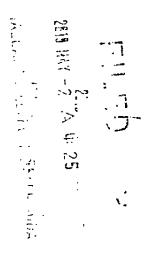
| (Requestor's Name) | | | | |
|-----------------------------------------|--|--|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies Certificates of Status | | | | |
| Special Instructions to Filing Officer: | | | | |
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| | | | | |
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Office Use Only



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D SCOTT MAY 1 4 2019

COVER LETTER

| TO: Registration Division of | n Section Corporations | |
|----------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|------------------------------------------------------------------------------------------------------|
| SUBJECT: RHO F | amily Limited Liability Li | ımited Partnership |
| <u> </u> | same of Florida Limited Pa | artnership or Limited Liability Limited Partnership |
| The enclosed Certi | ficate of Amendment a | and fee(s) are submitted for filing. |
| Please return all co | rrespondence concerni | ing this matter to: |
| Sandra Z. Green, Esq. | | |
| | Contact Person | |
| JONATHAN H. GREI | EN & ASSOCIATES, P.A. | |
| | Firm/Company | |
| 800 Brickell Avenue S | uite 1400 | |
| | Address | |
| Miami, Florida 33131 | | |
| | City, State and Zip Code | |
| | | \ <u>`</u> |
| | o be used for future annual | |
| Name of Cont | act Person | Area Code and Daytime Felephone Number |
| Enclosed is a check | for the following amo | punt: |
| S52.50 Filing Fee | □\$61.25 Filing Fee and Certificate of Status | □\$105.00 Filing Fee and Certified Copy and Certified Copy. |
| STREET ADDRES Registration Section Division of Corpora Clifton Building 2661 Executive Cen Fallahassee, FL 32; | tions ter Circle | MAILING ADDRESS: Registration Section Division of Corporations; P. O. Box 6327 Tallahassee, FL 32314 |

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

RHO Family Limited Liability Limited Partnership

| Insert name currently on | file with Florida Depa | irtment of State | | |
|---------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|----------------------------------------------|-------------|----------------|
| Pursuant to the provisions of section 620.1202, limited liability limited partnership, whose certi 07/26/2012 assigned Fl | ficate was filed wi | th the Florida Departme | ent of Sta | ite on |
| adopts the following certificate of amendment to | o its certificate of l | imited partnership. | 1 | <u> </u> |
| This amendment is submitted to amend the following | <i>:</i> | 1.7 1.7 2. 2. | 2 > | |
| A. If amending name, enter the new name of the | limited partnershi | <u>p or limited liability lim</u> | ited Farti | <u>nershir</u> |
| <u>here</u> : | | | 25 | |
| New name must be distinguis | shable and contain an | acceptable suffix. | | |
| Acceptable Limited Partnership suffixes: Limited Partner. Acceptable Limited Liability Limited Partnership suffixes | ship, Limited, L.P., LI Limited Liability Lin | ?, or Ltd. sited Partnership, L.L.L.P = o | or LLLP, | |
| B. If amending mailing address and/or princ <u>principal office address here</u> : | ipal office addres | s, enter new mailing a | ddress a | <u>nd/or</u> |
| New Principal Office Address: | | | | |
| (Must be STREET address) | | | | |
| New Mailing Address: (May be post office hox) | | | | |
| C. If amending the registered agent and/or regis new registered agent and/or the new registered off | tered office addres ice address here: | s on our records, <u>enter</u> | the name | of the |
| Name of New Registered Agent: | | | | |
| New Registered Office Address: | | | | |
| | Enter Flo | rida street address | | |
| | | , Florida | <u>_</u> _ | |
| | City | Zip Cod | ť | |

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.

| <u>Title</u> | Name | Address | Type of Action, 3 |
|---------------------------------|--------------------------------------------------------------------------------|--------------------------------------------------------|-----------------------|
| | 1 | · tales cold | Type of Action;2 |
| GP | Gadinsky, Edward Trustee | PO Box 960730 | □ ⁄Add · Ś |
| | | Miami, Florida 33296 | _ Remove.> |
| | | | – . |
| | rian Gadinsky, Pamela Gadinsky & | | _ a Add 55 |
| | athan H. Green, as Co-Trustees under Credit Shelter Trust established under | 800 Brickell Avenue Suite 1400 Miami, Florida 33131 | _ Remove |
| | Third Amended & Restated Edward | Wilding Frontial 10151 | _ |
| Gadinsky Revocable Living Trust | | _ □ Add □ Remove | |
| | | | _ |
| | | | - - |
| | | | _ □ Add □ Remove |
| | | | - |
| | | | ☐ Add |
| | | | ☐ Remove |
| | | | _ |
| | | | Add |
| | | | _ Remove |
| | | | _ |
| the limit | ed partnership or limited liabili | ty limited partnership is amen | ding its "limited lis |
| | rship" status, enter change here: | | ding its milited in |

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

| | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|
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| fective date, if other than the date of filing: Jective date cannot be prior to nor more than 90 days after the date this document is fi | iled by the Florida Department of |
| <i>ite.)</i> rte: If the date inserted in this block does not meet the applicable statutory filing requir | چے ements, this date:will not |
| listed as the document's effective date on the Department of State's records. | |
| | |
| | |
| gnature(s) of a general partner or all general partners*: | · > ; |
| SOTE: Only one current general partner is required to sign this document unless the l | imited partnership is adding or |
| noving a "limited liability limited partnership" election statement. Chapter 620, F.S., ren adding or removing a "limited liability limited partnership" election statement.) | requires all general;partners to sig |
| O o | · / |
| () () () () () | 1 The state |
| Truster Mills | Z Jun. va. |
| Brian Gadinsky, Pamela Gadinsky & Jonathan H. Green, as Co- ustees under the Credit Shelter Trust established under the Third | Trustee |
| nended & Restated Edward Gadinsky Revocable Living Trust, | , |
| neral Partner | |
| | |
| | |
| gnature(s) of all new or dissociating general partner(s), if any: | ` |
| 1 0/8 | |
| tell (bull) | and two les |
| Brian Gadinsky, Pamela/Gadinsky & Jonathan H. Green, as Co- | |
| ustees under the Credit Shelter Trust established under the Third | Trustee |
| nended & Restated Edward Gadinsky Revocable Living Trust, | 1 |
| neral Partner | |
| | |
| - | |
| | |
| ling Fee: \$52.50 | |
| ertified Copy (optional): \$52.50 | |