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PICK-UP WAIT	MAIL	
(Business Entity Name	e)	
(Document Number)		
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D. BRUCE DEC 21 2016

## **COVER LETTER**

TO: Registration Division of C				
SUBJECT:	[	DBP Family LP		
Na		rtnership or Limited Liabili	ty Limited Partnership	
The enclosed Certifi	cate of Amendment a	nd fee(s) are submitted	l for filing.	
Please return all corn	respondence concerni	ng this matter to:		
	Dilip Patel			
	Contact Person			
	Firm/Company	<u> </u>		
	4527 Annabelle Ln			
	Address			
	restview, FL 32539		#	
	City, State and Zip Code	<del></del>	2016 2016	
d	ilip110@gmail.com		2016 DEC 20 SEGNETARY ( ALLAHASSEE	•
E-mail address: (to	be used for future annual	report notification)	ASS	
For further informat	ion concerning this m	atter, please call:	O A II:	- ר ר נ
	p Patel	at ( 845 )	494 1969	
Name of Conta	ict Person	Area Code and Day	time Telephone Number	
Enclosed is a check	for the following amo	ount:		
\$52.50 Filing Fee	\$61.25 Filing Fee and Certificate of Status	\$105.00 Filing Fee and Certified Copy	✓ \$113.75 Filing Fee, Certified Copy, and Certificate of Status	
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle		Registration Division of P. O. Box 63	Corporations 327	
ZOOT EXECUTIVE CEII	ici Chuic	Tallahassee,	ΓL 34314	

Tallahassee, FL 32301

## CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

	Family LP	
Insert name currently on fi	le with Florida Depa	artment of State
Pursuant to the provisions of section 620.1202, F limited liability limited partnership, whose certification December 15, 2016, assigned Florida.	cate was filed w orida document n	ith the Florida Department of State on umber <u>A1300000272</u> ,
adopts the following certificate of amendment to	its certificate of	limited partnership.
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the length here:	imited partnersh	p or limited liability limited partnership
New name must be distinguish	nable and contain an	acceptable suffix.
Acceptable Limited Partnership suffixes: Limited Partnersh Acceptable Limited Liability Limited Partnership suffixes:	hip, Limited, L.P., L Limited Liability Lir	P, or Ltd. nited Partnership, L.L.L.P. or LLLP.
B. If amending mailing address and/or principal office address here:	pal office addre	ss, enter new mailing address and/or
New Principal Office Address: (Must be STREET address)		ZEII6 DE
New Mailing Address: (May be post office box)		EC 20 A
C. If amending the registered agent and/or registered registered agent and/or the new registered office	ered office addresse address here:	ss on our records, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	Enter Fl	orida street address
	City	, Florida Zip Code
	cuy	гір Соае

## 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>`itle</u>	Name	<u>Address</u>	<b>Type of Action</b>
<u>G</u>	Dilip Patel	4527 Annabelle Ln Crestview, FL 32539	Add  ✓ Remove
<del></del>			Add Remove
			Remove
	<del></del>		Add- Remove
		AddRemove	

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

F. If amending any other information, enter cha	inge(s) here: (Attach additional sheets, if necessary.)
Effective date, if other than the date of filing: (Effective date cannot be prior to nor more than 90 days after State.)	the date this document is filed by the Florida Department of
Signature(s) of a general partner or all general p	artners*:
(*NOTE: Only one current general partner is required to sign removing a "limited liability limited partnership" election state when adding or removing a "limited liability limited partnersh	ement. Chapter 620, F.S., requires all general partners to sign
Sudha Morar	Sudha Morar
•	·
Signature(s) of all new or dissociating general pa	rtner(s), if any:
Dilip Patel	Dilip Patel
Filing Fee: \$52.50 Certified Copy (optional): \$52.50 Certificate of Status (optional): \$8.75	PILE 2016 DEC 20 SECRETARY C TALLAHASSEE
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