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Certificates	of Status
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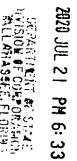
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COVER LETTER

TO: Registration : Division of C				
SUBJECT: Monroy &	•			
Na Na	me of Florida Limited Par	tnership or Limited L	iability	Limited Partnership
The enclosed Certific	cate of Amendment a	nd fee(s) are subm	nitted 1	for filing.
Please return all corr	respondence concerni	ng this matter to:		
Andres Monroy				
	Contact Person		•	
Monroy & Co. PA				
	Firm/Company		•	
150 SE 2 Ave # 1005				
	Address		•	
Miami, FL 33131				
	City, State and Zip Code		•	
ACCOUNTING@MON	NROYCOPA.COM			
E-mail address: (to	be used for future annual	report notification)	•	
For further informati	on concerning this ma	atter, please call:		
Andres F. Monroy		at (305	749-5	555
Name of Conta	et Person		d Dayti	ime Telephone Number
Enclosed is a check to	for the following amo	unt:		
■ \$52.50 Filing Fee	☐S61.25 Filing Fee and Certificate of Status	S105.00 Filing and Certified Cop		☐\$113.75 Filing Fee, Certified Copy, and Certificate of Status
Mailing Address: Registration Section		Street A Registr		
Division of Corporat	ions	Divisio	n of C	orporations
P.O. Box 6327				f Tallahassee
Tallahassee, FL 323	14			roe Street, Suite 810 FL 32303
		i ailaha	ssee. I	こし うとうひろ

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

CERTIFICAT	TE OF L	JMITED PAR OF	RTNERSHIP	11310	2028 JUL 2	FIL
Monroy & Associates, LP Insert name curre	ntly on file	e with Florida Der	partment of State	307	2	m
				10.45 A	PH PH	Ö
Pursuant to the provisions of section 620. limited liability limited partnership, whos 07/03/2013 adopts the following certificate of amenda	e certific med Flor	cate was filed v rida document:	vith the Florida number <u>A130000</u>	Department 00357	_	_
This amendment is submitted to amend the fol	llowing:					
A. If amending name, enter the new name here:	of the li	mited partners	hip or limited lia	<u>bilitv limite</u>	d parti	<u>nership</u>
New name must be d	istinguish	able and contain a	in acceptable suffix			
Acceptable Limited Partnership suffixes: Limited Acceptable Limited Liability Limited Partnership B. If amending mailing address and/or principal office address here:	suffixes: L	imited Liability L	imited Partnership			ınd/or
New Principal Office Address (Must be STREET address)	ess:	150 SE 2 Ave # Miami, FL 3313				
(Musi de STREET daaress)		Witami, TE 3313				
New Mailing Address:		150 SE 2 Ave #	1005			
(May be post office box)		Miami, FL 3313		<u>.</u> .		
						
C. If amending the registered agent and/or registered agent and/or the new registered of			on our records,	enter the na	me of t	he new
Name of New Registered Agent:	Monroy	& Co. PA				
New Registered Office Address:	150 SE	2 Ave # 1005				
Enter Florida street address						
	Miami	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, Florida	33131		
		City		Zip 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 A	Agent, Signa	ture 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>	Name	<u>Address</u>	Type of Action
GP	Andres F. Monroy	77 NE 2 Ave Miami Shores, FL 33138	_
GP	Maria C Vargas	300 S Biscayne Blvd # 2308 Miami, FL 33131	_
			_
			_
			_
			_

E. If the limited partnership or limited liability limited partnership is amending its "limited liability limited partnership" status, enter change here:

0	This Limited Par	tnership hereby	elects to be a	"Limited Liability	Limited Partnership	р.'

☐ 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 info	rmation,	enter change(s) here: (Attach additional sheets, if necessary.)
The General Partners stay the same. We	are just am	nending their adresses.
	·	
Effective date, if other than the da		ng:
(Effective date cannot be prior to nor mo State.)	re than 90	aays after the date this document is filed by the Florida Department of
		et the applicable statutory filing requirements, this date will not
be listed as the document's effective date	e on the De	partment of State's records.
Signature(s) of a general partne	r or all o	reneral nartners*
in a general partne	r or an g	encrar partners.
(*NOTE: Only one current general part	ner is requi	ired to sign this document unless the limited partnership is adding or lection statement. Chapter 620, F.S., requires all general partners to sign
when adding or removing a "limited liab	ility limited	d partnership" election statement.)
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1		
	· · ·	
Signature(s) of all new or dissoc	<u>iating ge</u>	neral partner(s), if any:
Filing Face	e e3	
Filing Fee: Certified Copy (optional):	\$52.50 \$52.50	
Certificate of Status (optional):	\$8.75	