Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000120650 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

: JONES, FOSTER, JOHNSTON & STUBBS, P Account Name

Account Number: 076077003231

: (561)650-0471

Phone Fax Number

: (561)650-5300

nter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

LP/LLLP AMENDMENT/RESTATEMENT/CORRECTION VKT FAMILY LIMITED LIABILITY LIMITED PARTNERSHIP

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$52.50

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Help

H15000120650 3

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VKT FAMILY LIMIED LIABILITY LIMITED PARTNERSHIP

Name of Florida Limited Partnership or Limited Liability Limited Partnership

The enclosed Certificate of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

BRIAN D. KENNEDY,	ESQ.	
Contact Person		
JONES FOSTER JOHNSTON	& STUBBS, PA	
Firm/Company		
505 SOUTH FLAGLER DRIVE	, SUITE 1100	
Address		
WEST PALM BEACH, I	FL 3340	
City, State and Zip Co	do	•
JFSERVICE@JONESFOS	STER.COM	
E-mail address: (10 be used for future and	ual report notification)	
For further information concerning this	matter, please call:	
BRIAN D. KENNEDY	at (561)_	659-3000
Name of Contact Person	Area Code and Da	aytime Telephone Number
Enclosed is a check for the following a	mount:	
\$52.50 Filing Fee \$61.25 Filing Fee and Certificate of Status	and Certified Copy	\$113.75 Filing Fee, Certified Copy, and Certificate of Status
STREET ADDRESS:	MAILING	ADDRESS:
Registration Section	Registratio	n Section
Discourse of Compressions	Division of	f Cornorations

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Division of Corporation P. O. Box 6327
Tallahassee, FL 32314

H15000120650 3

NO. 3764 P. 3 FILED 2015 MAY 18 AM 9: 33

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

VKT FAMILY LIMITED LIABILITY LIMITED PARTNERSHIP Insert name currently on file with Florida Department 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 07/15/2013, assigned Florida document numberA13000000369 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 limited partnership or limited liability limited partnership here:				
New name must be di	stinguishable and contain an acceptable suffix.			
Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd. Acceptable Limited Liability Limited Partnership suffixes: Limited Ltability Limited Partnership, L.L.L.P. or LLLP.				
B. If amending mailing address and/or principal office address, enter new mailing address and/or principal office address here:				
New Principal Office Addre (Must be STREET address)	288:			
New Mailing Address: (May be post office box)				
C. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:				
Name of New Registered Agent:	JONES FOSTER SERVICE, LLC			
New Registered Office Address:	505 S. FLAGLER DRIVE, SUITE 1100 Enter Florida street address			
·	WEST PALM BEACH Florida 33401 City Zap Code			

Page 1 of 3

<u></u>
NO. 3764 P. 4
H15000120650 3
2015 MAY 15
2015 May 18 AM 9: 33
TALLAHASSEE TIONING
OPIN

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.

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>	<u>Name</u>	<u>Address</u>	Type of Action	
			Add Remove	
E. If the limited partnership or limited liability limited partnership is amending its "limited liability limited partnership" status, enter change here:				
This Limite	d Partnership hereby elects to b	e a "Limited Liability Limit	ted Partnership."	
This Limite	d Partnership bereby removes it	s "Limited Liability Limite	d Partnership" status.	
NOTE: If adding o	r removing" [imited liability limited p	oartnership" status, all general	partners must sign this amendment.)	

			2015 May 15
F. If amending any other inform	ation, enter change(s	i) here: (Attach additional sheets, if	2015 MAY 18 ALLA GIARY THE COSSARY SEE
Effective date, if other than the date of (Effective date cannot be prior to nor more to State.)	of filing:_ han 90 days after the da	ate this document is filed by the Florida	Department of
Signature(s) of a general partner o	r all general partne	ers*:	
("NOTE; Only one current general partner removing a "limited liability limited partner; when adding or removing a "limited liability	ship" election statement	. Chapter 620, F.S., requires all genera	o is adding or d partners to sign
VKT FAMILY, LLC	·		
By: /11/	$\overline{}$		
Venkat Triperaneni 5.	5.15		
Signature(s) of all new or dissociat	ing general partne	r(s), if any	
			
· · · · · · · · · · · · · · · · · · ·			
			
			
	\$2.50 \$2.50 \$8.75		