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	(Requestor's Name)
	(Address)
	(Address)
	(Ch.)Charlin (Bhana M)
	(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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	J. HORNE
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Office Use Only

COVER LETTER

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Division of C	Corporations		
SUBJECT: Catherine	: Nwaeze Family LTD Par	rthnership	
Na Na	me of Florida Limited Par	tnership or Limited Liabil	ity Limited Partnership
The enclosed Certifi	cate of Amendment as	nd fee(s) are submitted	d for filing.
Please return all corr	espondence concernir	ng this matter to:	
Precious Ezeamama			
	Contact Person		
	Firm/Company		
PO BOX 611374			
	Address		
Miami, FL, 33261		_	
(City, State and Zip Code		
precious.ezeamama@g	mail.com		
E-mail address: (to	be used for future annual	report notification)	
For further informati	on concerning this ma	atter, please call:	
Precious Ezeamama		at (305) 834	1-5944
Name of Conta	et Person		ytime Telephone Number
Enclosed is a check	for the following amo	unt:	
\$\$\$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
Mailing Address:		Street Add	
Registration Section		Registration	
Division of Corpora	tions		Corporations of Tallahassee
P.O. Box 6327	1.4	-	on rananassee
rananassee, fl 323	17		· ·
Tallahassee, FL 323	14	Z415 N. Mo Tallahassee	,

FII ED

 C^{*}

CERTIFICATE OF AMENDMENT TO

2022 OCT 12 AM 10: 46

CERTIFICATE OF LIMITED PARTNERSHIP OF

SECRETARY OF			•
TALLAHASSEE, F	Ĺ	٠.,	

Catherine Nwaeze Family LTD Parthnership		
Insert name currently on file	with Florida Departs	nent of State
Pursuant to the provisions of section 620.1202, Flo limited liability limited partnership, whose certifications of the provisions of section 620.1202, Florida, assigned Flori	ate was filed with	the Florida Department of State on
adopts the following certificate of amendment to it	s certificate of lin	nited partnership.
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the lin</u> here:	nited partnership	or limited liability limited partnership
Catherine Nwaeze Family LTD Partnership		
New name must be distinguisha	ble and contain an ac	ceptable suffix.
Acceptable Limited Partnership suffixes: Limited Partnership Acceptable Limited Liability Limited Partnership suffixes: Li		
B. If amending mailing address and/or principal office address here:	al office address,	enter new mailing address and/or
New Principal Office Address:		
(Must be STREET address)		
New Mailing Address: (May be post office box)		
C. If amending the registered agent and/or registered registered agent and/or the new registered office add		our records, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:	F	da street address
	enter r tor	aa sireel aaaress
		, Florida
	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	Agent, <u>Sig</u> i	nature 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>	<u>Name</u>	Address	Type of Action
<u>GP</u>	Chibugo, Catherine (Decease d)	PO BOX 611374 Miami, FL	☐ Add
<u>GP</u>	Ezeamama, Precious	PO BOX 611374 Miami, FL, 33261	_ ■ Add □ Remove
			☐ Add☐ Remove
			☐ Add☐ ☐ Remove
			Add Remove
			☐ Add ☐ Remove

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

- ☐ This Limited Partnership hereby elects to be a "Limited Liability Limited Partnership."
- ☐ 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.)

Effective date, if other than the date of filing:	r the date this document is filed by the Florida Department of
Note: If the date inserted in this block does not meet the app	
be listed as the document's effective date on the Department	of State's records.
Signature(s) of a general partner or all general	partners*:
(*NOTE: Only one current general partner is required to sig removing a "limited liability limited partnership" election sta	tement. Chapter 620, F.S., requires all general partners to sign
when adding or removing a "limited liability limited partners	hip" election statement.)
Signature(s) of all new or dissociating general p	artner(s), if any:
$\langle \Omega, \varepsilon \rangle \langle \theta \rangle$	Drecious Freamama
	1 1001000 00000000000000000000000000000
Suciof Geamonna.	as Personal Representative
Ilicio Espeamama.	Drecious Ezeamama, as Personal Represantative
> Slicios Esperamonna.	as Personal Representative
This of Seamonna.	as Personal Representative
Thereof Exermonna.	as Personal Representative
This of Seamonna.	as Personal Representative
	as Personal Representative
Filing Fee: \$52.50 Certified Copy (optional): \$52.50	as Personal Representative