A-1300000000114

(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:

Office Use Only



500260565695

05/27/14--01024--006 **52.50

2914 MAY 27 PM 3: 56 SECRETARY OF STATE TALLAMASSEE, FLORIDA 120 East Palmetto Park Road • Suite 400 Boca Raton, Florida 33432 • Tel 561.347.1700 • Fax 561.391.9944 www.redgraveandrosenthal.com

Jennifer E. Zakin jzakin@redgraveandrosenthal.com Direct Dial 561.226.7819

May 21, 2014

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Re:

Our File No. 36215-00002

Rickel, LLLP

Dear Sir or Madam:

Enclosed for the above-referenced entity, please find the following:

- 1. Cover Letter;
- 2. Certificate of Amendment; and
- 3. A check in the amount of \$52.50 payable to the "Florida Department of State."

Please file the enclosed Certificate of Amendment with the Florida Department of State and return confirmation of filing to our office at the address indicated on the attached Cover Letter.

If you have any questions, please do not hesitate to contact me.

Very truly yours,

Jennifer E. Zakin

JEZ/ib Enclosures

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT:	Rickel, LLLP
Name of Florida Limited Partne	ership 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:
Ilana Brunelle	
Contact Person	
Redgrave & Rosenthal LLF	
Firm/Company	
120 East Palmetto Park Road, Su	uite 400
Address	
Boca Raton, Florida 3343	2
City, State and Zip Code	
arnold.cohen@pnc.com	
E-mail address: (to be used for future annual re-	port notification)
For further information concerning this matt	er, please call:
Jennifer E. Zakin, Esq.	at (561) 347-1700
Name of Contact Person	Area Code and Daytime Telephone Number
Enclosed is a check for the following amoun	t:
\$52.50 Filing Fee and Certificate of Status	\$105.00 Filing Fee and Certified Copy Certificate of Status
STREET ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations Clifton Building	Division of Corporations P. O. Box 6327
2661 Executive Center Circle	Tallahassee, FL 32314
Tallahassee, FL 32301	

FILED

2014 MAY 27 PM 3: 56

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP

SECRETARY OF STATE TALLAMASSEE, FLORIDA

OF

Ric	kel, LLLP	
Insert name currently on i		partment of State
Pursuant to the provisions of section 620.1202, I limited liability limited partnership, whose certificate of amendment to adopts the following certificate of amendment to	ficate was filed orida document	with the Florida Department of State on number A1300000714,
This amendment is submitted to amend the following:	:	
A. If amending name, enter the new name of the here:	limited partners	hip or limited liability limited partnership
New name must be distinguis	shable and contain	an acceptable suffix.
Acceptable Limited Partnership suffixes: Limited Partners Acceptable Limited Liability Limited Partnership suffixes:	ship, Limited, L.P., Limited Liability I	LP, or Ltd. Limited Partnership, L.L.L.P. or LLLP.
B. If amending mailing address and/or princ principal office address here:	ipal office addı	ress, 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 regis new registered agent and/or the new registered off		
Name of New Registered Agent:		
New Registered Office Address:	Enter .	Florida street address
		, Florida
	Citv	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	, Signature of New Registered Agent

D.	If amending the g	general	partner(s),	enter the	name an	<u>d business</u>	address	of each	general	<u>partner</u>	being
<u>ade</u>	<u>led or removed fro</u>	m our i	records:								

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
<u>GP</u>	Robert Rickel Revocabl Trust Agreement dated June 26, 2000, as amended (Note: Robert Rickel is deceased)	7255 Ayrshire Lane Boca Raton, Florida 33496	☐ Add ☑ ☑ Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add · Remove
	partnership or limited liability p" status, enter change here:	limited partnership is amend	ling its "limited liability
This Limited	Partnership hereby elects to be	a "Limited Liability Limited Pa	rtnership."
This Limited	Partnership hereby removes its	"Limited Liability Limited Part	tnership" status.

Page 2 of 3

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

ffective date, if other than the date of filing: ffective date cannot be prior to nor more than 90 days after the a ate.)	late this document is filed by the Florida Department of
ignature(s) of a general partner or all general partn	<u>ıers*:</u>
NOTE: Only one current general partner is required to sign this moving a "limited liability limited partnership" election statementhen adding or removing a "limited liability limited partnership" e	nt. Chapter 620, F.S., requires all general partners to sign
July B. Rillel Welyn Rickel, Trustee of the	Arnold Cohen, Trustee of the
velyn Rickel, Trustee of the velyn Rickel Revocable Trust Agreement ated June 26, 2000, as amended	Evelyn Rickel Revocable Trust Agreem dated June 26, 2000, as amended
Haren B. Cohen	
Caren B. Cohen, Trustee of the Evelyn Rickel Revocable Trust Agreement lated 26, 2000, as amended	
ignature(s) of all new or dissociating general partne	er(s), if any:
	70
Filing Fee: \$52.50	