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SECRETARY OF STATE
TALL AHASSEE, FLORID.

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CÖVER LETTER

- TO: Registration Section Division of Corporations	
SUBJECT: Sari & Robert Glic	
Name of Florida Limited Part	nership or Limited Liability Limited Partnership
The enclosed Certificate of Amendment an	nd fee(s) are submitted for filing.
Please return all correspondence concernin	g this matter to:
Arthur Slowe	
Contact Person	
Arthur Slowe & Associates,	P.A.
Firm/Company	
15502 Stoneybrook West Parkway, St	e 104 PMB 223
Address	0 10 1, 1 1110 220
Winter Garden, Florida 34	<u>-787 </u>
City, State and Zip Code	
aslowe@aslowelaw.cor	
E-mail address: (to be used for future annual	report notification)
For further information concerning this ma	ntter, please call:
Art Slowe	at (954) 559-1317
Name of Contact Person	Area Code and Daytime Telephone Number
Enclosed is a check for the following amou	unt:
\$52.50 Filing Fee S61.25 Filing Fee and Certificate of Status	\$105.00 Filing Fee and Certified Copy Certified Copy, and Certificate of Status
STREET ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P. O. Box 6327
2661 Executive Center Circle	Tallahassee, FL 32314
Tallahassee, FL 32301	

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

Sari & Robert G	<u> Blickmaı</u>	<u>n Family Limi</u>	<u>ted Partnershi</u> r	0	
Insert name cur	rrently on fi	ile with Florida Depa	irtment of State		
Pursuant to the provisions of section 62 limited liability limited partnership, wh 12/30/2013, ass	ose certif signed Flo	icate was filed wi orida document n	th the Florida Dep umberA14	oartment of St 0000000020	
adopts the following certificate of amer	idment to	its certificate of	limited partnership).	
This amendment is submitted to amend the	following:				
A. If amending name, enter the new par here:	ne of the	limited partnersh	p or limited liabilit	y limited par	<u>tnership</u>
		/ Limited Part			
New name must be	e distinguis	hable and contain an	acceptable suffix.		
Acceptable Limited Partnership suffixes: Limite Acceptable Limited Liability Limited Partnersh B. If amending mailing address and principal office address here:	ip suffixes:	Limited Liability Li	nited Partnership, L.L.		and/or
New Principal Office Ad	dress:	N/A			
(Must be STREET address)	<u> </u>			<u> </u>	
New Mailing Address:		 N/A		EDREI LAH/	
(May be post office box)		11/74		<u> </u>	E. Fera
					
C. If amending the registered agent and	d/or regist	tered office addre	ss on our records,		
new registered agent and/or the new regis	stered offi	ce address here:		U ĐÃ	
Name of New Registered Agent:	N/A				
New Registered Office Address:	N/A	Enter Fl	orida street address		

City

_, Florida ______ 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.

D.	If amending the gene	eral partner(s),	enter the	name	and	business	address	of eacl	ı general	partner	being
ado	ded or removed from o	our records:									

<u>Title</u>	Name	<u>Address</u>	Type of Action
N/A	N/A	N/A	_ Add _ Remove
			Add Remove
			SEC HAR 24 PM
			Bemove
			Add Remove

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

L	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.)

F. If amending any other information, enter change(s) here: (Attach addition	nal sheets, if necessary.)
N/A	
Effective date, if other than the date of filing:	
(Effective date, it other than the date of 111111g	by the Florida Department of
Signature(s) of a general partner or all general partners*:	
(*NOTE: Only one current general partner is required to sign this document unless the limit removing a "limited liability limited partnership" election statement. Chapter 620, F.S., required and the partnership or removing a "limited liability limited partnership" election statement.)	
24/h/	<u> </u>
PRESTOUT - G-1 DKGENERAL PRETAL	ALLU SEC
	CRETA
	<u> </u>
	Es R II
Signature(s) of all new or dissociating general partner(s), if any:	1: 20 STATE LORID
	OA
	
Filing Fee: \$52.50	
Certified Copy (optional): \$52.50 Certificate of Status (optional): \$8.75	