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16 MAY - 6 AH IO: 56

K.SALY EXAMINER MAY - 9 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee FL 32301

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE: 118968 7989388

AUTHORIZATION : Smell below

COST LIMIT : \\$ \52\.50

ORDER DATE: April 27, 2016

ORDER TIME : 9:02 AM

ORDER NO. : 118968-010

CUSTOMER NO: 7989388

DOMESTIC AMENDMENT FILING

NAME: MARIA FAZARI & CHRISTINA

FAZARI LP

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER'S INITIALS:

FILED 2016 MAY - 6 AM 7:59 SEURETARY OF STATE TALLAHASSEE, FLORIDA

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

MARIA FAZARI & CHRISTINA FAZARI LP

Insert name currently on file with Florida Department of State

| Pursuant to the provisions of section 620.1202, Fl | oride Statutes, f | hic Florida limited nartnership or |
|--|---|--|
| limited liability limited partnership, whose certific | eate was filed w | ith the Florida Department of State on A1400000204 |
| 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 linere: | imited partnersh | ip or limited liability limited partnership |
| MARIA F | AZARI, LP | |
| New name must be distinguish | able and contain a | acceptable suffix. |
| Acceptable Limited Partnership suffixes: Limited Partnersh Acceptable Limited Liability Limited Partnership suffixes: l | tip, Limited, L.P., I Limited Liability Li | .P, or L1d mited Partnershtp, L.L.L.P. or LLLP. |
| B. If amending mailing address and/or principal office address here: | pal office addre | ess, 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 new registered agent and/or the new registered office | | ess on our records, <u>enter the name of the</u> |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter F | lorida street address |
| | | 71. a |
| | City | , Florida Zip Code |

FILED 2016 MAY -6 AM 7: 59

New Registered Agent's Signature, if changing Registered Agent:

New Registered Agent's Signature, if changing Registered Agent:

SLUKE TARY OF STATE

TALLAHASSEE, FLORIDA

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 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 |
| | Name and the second sec | | Add Remove |
| ••••• | | | Add Remove |
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| | | | Add Remove |
| | d partnership or limited liabilit hip" status, enter change here: | ty limited partnership is ame | ending its "limited liability |
| This Limit | ted Partnership hereby elects to be | e a "Limited Liability Limited . | Partnership." |
| This Limit | ted Partnership hereby removes it | s "Limited Liability Limited P | artnership" status. |

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

| | | · · · | | <u></u> |
|--|---|--|------------------------|---------------------|
| | | | | |
| Effective date, if other than the date of fil | · · · · · · · · · · · · · · · · · · · | | | |
| Effective date cannot be prior to nor more than $\mathfrak s$ | 111g: 10 days after the day | e this document is filed | by the Florida Depa | riment (|
| tate.) | | | | |
| | | | | |
| ignature(s) of a general partner or all | general partne | <u>rs*:</u> | | |
| NOTE: Only one current general partner is req | uired to sign this do | cument unless the limi | ted partnership is add | ling or |
| moving a "limited liability limited partnership" hen adding or removing a "limited liability limi | election statement. led partnership" ele | Chapter 620, F.S., requetion statement.) | ures all general partr | |
| $M \cdot \gamma$ | | | AL | 2016 MA |
| Maria Lazari | _ | , | <u> </u> | 3 |
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