

A140000000731

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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2016 AUG 22 P 2:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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AUG 23 2016

KUKIN & BIEG, P.C.

23 VREELAND ROAD • SUITE 150 • FLORHAM PARK • NEW JERSEY • 07932
TEL: (973) 535-1978 • FAX: (973) 535-1878

JONATHAN KUKIN*§
KENN R. BIEG*

TONI ANN MARABELLO§

*LLM in TAXATION
§ADMITTED in N.Y. & N.J.

August 16, 2016

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

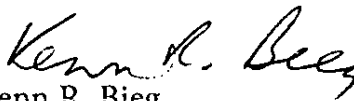
RE: Rifkin Family Fueled Partnership

Dear Sir/Madam:

Enclosed please find an original and one (1) copy of a Certificate of Amendment in connection with the above-referenced partnership to change the registered address of same. I also enclose a check in the amount of \$52.50 for the applicable filing fee. Please file the enclosed Certificate of Amendment and return a filed copy of same to my office in the enclosed self-addressed stamped envelope.

Please do not hesitate to contact me if you have any questions or require anything further to process this request.

Very truly yours,


Kenn R. Bieg

cc: Mr. David Rifkin

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RIFKIN FAMILY FUELED 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:

KENN R. BIEG, ESQ.

Contact Person

KUKIN AND BIEG, P.C.

Firm/Company

23 VREELAND ROAD, SUITE 150

Address

FLORHAM PARK, NEW JERSEY 07932

City, State and Zip Code

KBIEG@AOL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KENN R. BIEG

Name of Contact Person

at (973)

535 - 1978

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$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

STREET ADDRESS:

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

MAILING ADDRESS:

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

**CERTIFICATE OF AMENDMENT
TO
CERTIFICATE OF LIMITED PARTNERSHIP
OF**

RIFKIN FAMILY FUELED 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 NOVEMBER 3, 2014, assigned Florida document number A14000000731, 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 distinguishable and contain an acceptable suffix.

Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.

Acceptable Limited Liability Limited Partnership suffixes: Limited Liability 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 Address:
(Must be *STREET* address)

130 PEMBROKE DRIVE
PALM BEACH GARDENS, FL 33418

New Mailing Address:
(May be post office box)

130 PEMBROKE DRIVE
PALM BEACH GARDENS, FL 33418

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:

New Registered Office Address:

130 PEMBROKE DRIVE

Enter Florida street address

PALM BEACH GARDENS, Florida

City

Zip Code

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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 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>	<u>Type of Action</u>
_____	_____	_____	☐ Add
_____	_____	_____	☐ Remove
_____	_____	_____	☐ Add
_____	_____	_____	☐ Remove
_____	_____	_____	☐ Add
_____	_____	_____	☐ Remove
_____	_____	_____	☐ Add
_____	_____	_____	☐ Remove
_____	_____	_____	☐ Add
_____	_____	_____	☐ Remove

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TALLAHASSEE, FLORIDA

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.)

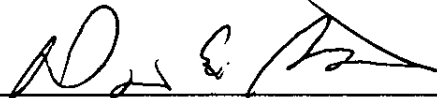
F. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Effective date, if other than the date of filing: _____

(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

Signature(s) of a general partner or all general partners*:

(*NOTE: Only one current general partner is required to sign this document unless the limited partnership is adding or removing a "limited liability limited partnership" election statement. Chapter 620, F.S., requires all general partners to sign when adding or removing a "limited liability limited partnership" election statement.)



DAVID RIFKIN

Signature(s) of all new or dissociating general partner(s), if any:

Filing Fee: \$52.50
Certified Copy (optional): \$52.50
Certificate of Status (optional): \$8.75

2018 JUN 22 P 2:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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