# A15000000402

| (Requestor's Name)                      |   |
|---|---|
| (Address)                               | — |
| (Address)                               | _ |
| (City/State/Zip/Phone #)                | — |
| PICK-UP WAIT MAIL                       |   |
| (Business Entity Name)                  | _ |
| (Document Number)                       |   |
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#### COVER LETTER

| TO: Registration<br>Division of C   |  |   |   |  |  |
|---|--|---|---|--|--|
| SUBJECT:  | Kikuchi Wat  | son Fitzgerald  | d LLLP  |  |  |
| Na  | me of Florida Limited Part   | nership or Limited Liability  | y Limited Partnership   |  |  |
| The enclosed Certifi  | The enclosed Certificate of Amendment and fee(s) are submitted for filing. |   |   |  |  |
| Please return all corr  | espondence concernin   | g this matter to:   |   |  |  |
| Mic   | hael Gleissne<br>Contact Person  | <u>r</u>  |   |  |  |
| <u>Kikuchi W</u> a  | atson Fitzgera<br>Firm/Company   | ald LLLP  |   |  |  |
| 877   | 75 SW 221st Te<br>Address  | er.   |   |  |  |
| Cutler  | Bay, FL 33190<br>City, State and Zip Code                                  | -1118   |   |  |  |
| Lega<br>E-mail address: (to   | al@fashionone<br>be used for future annual r                               | eport notification)   |   |  |  |
| For further information   | ion concerning this ma   | tter, please call:  |   |  |  |
| <u>Michael Gleissner</u> at ( <u>954</u> ) <u>800-5083</u>  |  |   |   |  |  |
| Name of Conta   | ct Person  | Area Code and Dayt  | time Telephone Number   |  |  |
| Enclosed is a check for the following amount:   |  |   |   |  |  |
| ₹ \$52.50 Filing Fee  | ☐\$61.25 Filing Fee<br>and Certificate of<br>Status                        | □\$105.00 Filing Fee<br>and Certified Copy  | □\$113.75 Filing Fee.<br>Certified Copy, and<br>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

## Kikuchi Watson Fitzgerald LLLP Insert name currently on file with Florida Department of State

| limited liability limited partnership, whose co   | 2. Florida Statutes, this Florida limited partnership or ertificate was filed with the Florida Department of State on I Florida document number <b>A1500000402</b> . |
|---|--|
| adopts the following certificate of amendmen  |  |
| This amendment is submitted to amend the follow   | ring:  |
|   | the limited partnership or limited liability limited partnership   |
| <u>here</u> :   | C.>  |
| New name must be distir   | iguishable and contain an acceptable suffix.   |
| Acceptable Limited Partnership suffixes: Limited Par<br>Acceptable Limited Liability Limited Partnership suff | tnership, Limited, L.P., LP, or Ltd. ixes: Limited Liability Limited Partnership, L.L.L.P. or-LLLP.  |
| B. If amending mailing address and/or proprincipal office address here:                                       | incipal office address, <u>enter new mailing address and/or</u>  |
| New Principal Office Address: (Must be STREET address)  | 8775 SW 221st Ter.<br>Cutler Bay, FL 33190-1118  |
| New Mailing Address: (May be post office box)   | 8775 SW 221st Ter.<br>Cutler Bay, FL 33190-1118  |
| C. If amending the registered agent and/or r<br>new registered agent and/or the new registered                | egistered office address on our records, <u>enter the name of the</u><br>loffice address here:   |
| Name of New Registered Agent:   | ichael Gleissner   |
| New Registered Office Address: 8  | 775 SW 221st Ter.  Enter Florida street address  |
| _   | Cutler Bay Florida 33190-1118 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 propey and complete performance of my duties, and | 1 |
| 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), <u>enter the name and business address of each general partner being</u> added or removed from our records:

| <u>Title</u> | Name                      | Address   | Type of Action               |
|--------------|---------------------------|---|------------------------------|
|              | Michael Gleissner         | 1601 Harrison Street<br>Hollywood, FL 33020     | _ □ Add<br>_ <b>≌</b> Remoye |
|              | <u>Michael Gleissne</u> r | 8775 SW 221st Ter.<br>Cutler Bay, FL 33190-1118 | - O1                         |
|              | Kaoru Kikuchi             | 1601 Harrison Street<br>Hollywood, Ft 33020     | P Add 55 P Remove 33         |
|              | <u>Kaoru Gleissner</u>    | 8775 SW 221st Ter.<br>Cutler Bay, FL 33190-1118 | _ ≝Add<br>□ Remove           |
|              |                           |   | _ □ Add<br>□ Remove          |
|              |                           |   | _ □ Add<br>□ 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 her | eby 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 info  | rmation, enter char                                | ige(s) here: (Attach addition                                   | nal sheets, if necessary.)                                       |
|--|--|---|--|
|  |  |   |  |
|  |  |   |  |
|  |  |   |  |
|  |  |   |  |
|  |  |   |  |
| Effective date, if other than the da   | te of filing: Nove                                 | mber 05, 2018   |  |
| (Effective date cannot be prior to nor mo<br>State.)   |  |   |  |
| Note: If the date inserted in this block do<br>be listed as the document's effective date  |  |   | nts, this date will not  |
|  |  |   |  |
| Simple to the second se |  |   |  |
| Signature(s) of a general partne   |  |   |  |
| (*NOTE: Only one current general part removing a "limited liability limited part   | ner is required to sign<br>nership" election state | this document unless the limit<br>ment. Chapter 620, F)S., requ | ed partnership is adding or<br>ires all general partners to sign |
| when adding or removing a "limited liab  | ility limited partnershi                           | p" election statement!)   | M  |
| Michael Gleissner  |  | $\mathcal{L}(\mathcal{L}(\mathcal{L}))$                         | / /  |
| Intelliget dietszilet  |  |   | <del></del>  |
| Kaoru Gleissner  | <del> </del>                                       |   |  |
|  |  |   |  |
|  |  |   | :: <u>`</u>  |
|  |  |   |  |
| Signature(s) of all new or dissoc  | <u>tating general pai</u>                          | rtner(s), if any:   |  |
|  |  |   | 三三二二二二二二二二二二二二二二二二二二二二二二二二二二二二二二二二二二二二                           |
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|  |  | A   |  |
| Filing Fee:  | \$52.50  |   |  |
| Certified Copy (optional):   | \$52.50  |   |  |
| Certificate of Status (optional):  | \$8.75   |   |  |