Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number -: (850)617-6383

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Account Name : GREENSPOON MARDER, P.A.

Account Number : 076064003722 | Phone : (888)491-1120

Phone : (888) 431-1120 Fax Number : (954) 333-4242

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: Michael perrillo@gmail.com

LP/LLLP AMENDMENT/RESTATEMENT/CORRECTION MICHAEL C. PERRILLO AND ANDREA M. PERRILLO FAMILY LTD.

Certificate of Status	0
Certified Copy	78.1
Page Count	06
Estimated Charge	\$52:60

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K. SALY



August 27, 2019

FLORIDA DEPARTMENT OF STATE

MICHAEL C. PERRILLO AND ANDREA M PERRILLO FAMILY LTD. 11899 WINGED FOOT TERRACE CORAL SPRINGS, FL 33071

SUBJECT: MICHAEL C. PERRILLO AND ANDREA M. PERRILLO FAMILY LTD. REF: A15000000521

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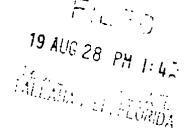
You must file under Limited Partnership filings not Corporate filings.

If you have any questions concerning the filing of your document, please cali (850) 245-6050

Diane Cushing Senior Section Administrator FAX Aud. #: H19000257618 Letter Number: 919A00017725

COVER LETTER

TO: Registration S Division of C	orporations		
SUBJECT: MICHÁE	I. C. PERRILLO AND A	NDREA M. PERRILLO FA	AMILY LTD.
Nai	ne of Florida Limited Part	mership or Limited Liability	Limited Partnership
	•	id fee(s) are submitted	for filing.
Please return all corr	espondence concernin	g this matter to:	
ALAN B. COHN			
	Contact Person		
GREENSPOON MARD	ER LLP	· 	
 -	Firm/Company		
200 E. Broward Blvd. St	uite 1800		
	Address		
FORT LAUDERDALE,	FLORIDA 33301		
	City, State and Zip Code		
ALAN.COHN@GML/	W.COM		
E-mail address: (to	be used for future annual	report notification)	
For further informati	on concerning this ma	itter, please call:	•
ALAN B, COHN		_at (954)491-	1120 ext. 1025 time Telephone Number
Name of Conta	ct Person	Area Code and Day	time Telephone Number
Enclosed is a check	for the following amo	unt;	•
□ \$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 ADDRES	S:	MAILING A	ADDRESS:
Registration Section		Registration	
Division of Corpora	lions	Division of C	
Clifton Building	(P. O. Box 63	
2661 Executive Cen Tallahassee, FL 323		Tallahassee,	EL 34314
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CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP

MICHAEL C. PERRILLO AND ANDREA M. PERRILLO FAMILY LTD.

8/28/2019 9:51:26 AM PAGE

Insert name currently on file with Florida Department of State

Pursuant to the provisions of section 620.1202, Flo limited liability limited partnership, whose certific AUGUST 15, 2015 assigned Flor	orida Statutes, this Florida limited partnership or ate was filed with the Florida Department of State on ida document number A15000000521
adopts the following certificate of amendment to it	ts certificate of limited partnership.
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the li- here:	mited partnership or limited liability limited partnership
PERRILLO HOLDINGS LTD.	· · · · · · · · · · · · · · · · · · ·
New name must be distinguished	able and contain an acceptable suffix.
Acceptable Limited Partnership suffixes: Limited Partnersh. Acceptable Limited Liability Limited Partnership suffixes: L	ip, Limited, L.P., LP, or Ltd. imited Liability Limited Partnership, L.L.L.P. or LLLP.
B. If amending mailing address and/or principal office address here:	al office address, 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 offic	red office address on our records, enter the name of the e address here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zip Code

PAGE

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>	Name	Address	Type of Action
			☐ Add ☐ Remove
·			☐ Add ☐ Remove
			_
•			
	•		_ □ Add _ □ Remove
			_

- E. If the limited partnership or limited liability limited partnership is amending its "limited liability limited partnership" status, enter chauge 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.)

Fax Server

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