

A15000000521

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

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Account Name : GREENSPOON MARDER, P.A.
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****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	1
Page Count	06
Estimated Charge	552.60

\$105.00



August 27, 2019

FLORIDA DEPARTMENT OF STATE

Division of Corporations

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

The electronic filing cover sheet submitted with your document reflects the incorrect type of document. The cover sheet must reflect the type of document you are filing. Please generate a new fax audit cover sheet under the appropriate document type. When resubmitting your document for filing, please also send a copy of the incorrect cover sheet marked "ABANDONED".

You must file under Limited Partnership filings not Corporate filings.

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

Diane Cushing
Senior Section Administrator

FAX Aud. #: B19000257618
Letter Number: 919A00017725

COVER LETTER

TO: Registration Section
Division of Corporations

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

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:

ALAN B. COHN

Contact Person

GREENSPOON MARDER LLP

Firm/Company

200 E. Broward Blvd. Suite 1800

Address

FORT LAUDERDALE, FLORIDA 33301

City, State and Zip Code

ALAN.COHN@GMLAW.COM

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

For further information concerning this matter, please call:

ALAN B. COHN

at (954) 491-1120 ext. 1025

Name of Contact Person

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

FILED
19 AUG 28 PM 1:42
TALLAHASSEE, FLORIDA

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

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

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 AUGUST 15, 2015, assigned Florida document number A1500000521, 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:

PERRILLO HOLDINGS LTD.

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)

New Mailing Address:

(May be post office box)

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:

Enter Florida street address

_____, 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>
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> 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 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.)

19 AUG 28 PM 1:4

TALLAHASSEE, FLORIDA

P. 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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.)

MICHAEL C. PERRILLO

ANDREA M. PERRILLO

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

Filing Fee: \$51.50
Certified Copy (optional): \$51.50
Certificate of Status (optional): \$8.75