Florida Department of State

Division of Comporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

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

Email	Address:					
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LP/LLLP AMENDMENT/RESTATEMENT/CORRECTION CRUBIN DYNASTY HOLDINGS LLLP

Certificate of Status	0
Certified Copy	1
Page Count	04
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M. SOLOMON

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Help

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

CRUBIN DYNASTY HOLDINGS LLLP

Insert name currently on fil	le with Florida Depar	tment of State
Pursuant to the provisions of section 620.1202, Flimited liability limited partnership, whose certificate of amendment to	cate was filed with rida document nu	h the Florida Department of State of mber A18000000019
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the l	imited partnership	or limited liability limited partners
CRUBIN INVESTMENT HOLDINGS LLLP		
New name must be distinguish	nable and contain an a	icceptable suffix.
Acceptable Limited Partnership suffixes: Limited Partnersh Acceptable Limited Liability Limited Partnership suffixes: B. If amending mailing address and/or princi	Limited Liability Lim	ited Partnership, L.L.L.P. or LLLP.
principal office address here:		
New Principal Office Address: (Must be STREET address)		
New Mailing Address: (May be post office box)		
		i.e.
C. If amending the registered agent and/or register registered agent and/or the new registered office ad	ed office address o Idress here:	n our records, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	Enter Flo	orida street address
		Clarido
	City	Florida Zip Code

City

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, a
am familiar with and accept the obligations of my position as registered agent.

<u>Tîtle</u>	Name	Address	Type of Action
			Add Remove
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			☐ Add ☐ Remove.
			□ Damovo`
			Add Remove
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f the limite	d partnership or limited l ship" status, enter change	liability limited partnership is	amending its "limite

F. If amending any other infor	•	<i>\(\frac{\pi}{2}\)</i>		·	• •
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Effective date, if other than the date (Effective date cannot be prior to nor mor	e of filing:_ e than 90 day:	s after the date	this document is	s filed by the Florid	a Department of
State.) Note: If the date inserted in this block doc	s not meet the	applicable sta	tutory filing requ	uirements, this date	will not
be listed as the document's effective date	on the Departi	ment of State's	records.		
Signature(s) of a general partner	or all gene	ral partner	<u>s*:</u>		
(*NOTE: Only one current general partn	er is required	to sign this do	cument unless th	e limited partnershi	p is adding or
removing a "limited liability limited partn when adding or removing a "limited liabil	ership" electio ity limited par	on statement. (nnership" elec	Chapter 620, F.S ion statement.)	., requires all gener	al partners to sig
- 4					
RMJ Rubin Inc., General Partner					
RMJ Rubin Inc., General Partner Cole Rubin, President of General I					ž m
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Signature(s) of all new or dissoci	ating gener	al partner(s), if any:		
					, -
	-				
					
					
Filing Fee:	\$52.50				
Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$8.75				