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(Re	equestor's Name)	
(Ad	dress)	·
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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COVER LETTER

_	ntion Section n of Corporations			
SUBJECT:	IIRIFCT: Four Point Zero Holdings, LP			
	Name of Florida Limited Pa	rtnership or Limited Liability	v Limited Partnership	
The enclosed C	Certificate of Amendment a	and fee(s) are submitted	for filing.	
Please return al	Il correspondence concerni	ing this matter to:		
	Charles Popper			
	Contact Person			
The Wyman Company				
	Firm/Company			
1437 Glenheather Drive				
Address				
	Windermere, FL 34786			
	City, State and Zip Code	<u></u>		
c	popper@thewymancompany.	.com		
E-mail addre	ess: (to be used for future annua	l report notification)		
For further info	ormation concerning this m	natter, please call:		
Char	les Popper	at (352) 21	9-3752	
Name of	Contact Person		time Telephone Number	
Enclosed is a c	heck for the following amo	ount:		
☑ \$52,50 Filing I	Fee S61.25 Filing Fee and Certificate of Status	☐\$105.00 Filing Fee and Certified Copy	☐\$113.75 Filing Fee. Certified Copy, and Certificate of Status	
STREET ADI	DRESS:	MAILING A	ADDRESS:	
Registration Section		Registration	Registration Section	
Division of Corporations			Division of Corporations	
Clifton Building			P. O. Box 6327	
2661 Executive		Tallahassee,	FL 32314	
Tallahassee, Fl	. 32301			

\mathbf{C} CERTII

ERTIFICATE OF AMENDMENT
TO
FICATE OF LIMITED PARTNERSHIP
OF

2019. " PILZ.

Four Point	Zero Holdings, Li	P
Insert name currently on file	e with Florida Dep	partment of State
Pursuant to the provisions of section 620.1202, Fl limited liability limited partnership, whose certific February 22, 2018, assigned Flo	cate was filed w	rith the Florida Department of State on
adopts the following certificate of amendment to i		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li here:	mited partnersh	nip or limited liability limited partnership
New name must be distinguish	able and contain a	n acceptable suffix.
Acceptable Limited Partnership suffixes: Limited Partnersh Acceptable Limited Liability Limited Partnership suffixes: I	ip, Limited, L.P., l Limited Liability L	.P. or Ltd. imited Partnership, L.L.L.P. or LLLP.
B. If amending mailing address and/or princip principal office address here:	oal office addr	ess, 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 register		ess on our records, enter the name of the
new registered agent and/or the new registered offic	<u>e address here</u> :	
Name of New Registered Agent:		
New Registered Office Address:	Enter F	lorida street address
		, Florida
	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 proper and complete performance of my duties, and	1
am familiar with and accept the obligations of my position as registered agent.	

<u>tle</u>	<u>Name</u>	<u>Address</u>	Type of Action
<u>.</u>	WYMAN GENERAL PARTNER INC	1850 MANULIFE PLACE, 1095 W PENDEF VANCOUVER, CANADA, V6E 2M6,	RST □ Add _ □ Æ Remove
	SOUTH SHORE ROAD, LLC	1437 GLENHEATHER DRIVE	 ☑ Add
		WINDERMERE, FL 34786	☐ Remove
			_
			□ Add □ Remove
			□ Add □ Remove
			_

(NOTE: If adding or removing" limited liability limited partnership" status, all general partners must sign this amendment.)

F. If amending any other information, e	nter change(s) here: (Attach additional sheets, if necessary.)
State.)	days after the date this document is filed by the Florida Department of
Note: If the date inserted in this block does not meet be listed as the document's effective date on the Dep	the applicable statutory filing requirements, this date will not partment of State's records.
Signature(s) of a general partner or all ge	eneral partners*:
(*NOTE: Only one current general partner is require	ed to sign this document unless the limited partnership is adding or ction statement. Chapter 620, F.S., requires all general partners to sign
Charles Popper)	Manager, South Shore Road LLC
(Oranga , Obbon)	<u> </u>
Signature(s) of all new or dissociating gen	ueral partner(s), if any:
(id) Illi	President, Wyman General Partner Inc.
(Brent Naylor)	——— Manager, South Shore Road LLC
Charles Popperl	
Filing Fee: \$52.50 Certified Copy (optional): \$52.50 Certificate of Status (optional): \$8.75	