## A19000000045

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL	
(Busin	ess Entity Nan	ne)	
(Docui	ment Number)	·	
Certified Copies	Certificates	of Status	
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FLORIDA CAPITAL COURIER SE 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243	RVICES, IN	C .
Please use funds from <u>120210000160:</u> Authorization Signature: Houtkin Family Limited Partnership BUSINESS Certified Copy of Articles	\$ 52.50 DOC#	- Check attached
Certificate of Status		
NEW FILINGS		<u>AMENDMENTS</u>
Profit Corp Not for Profit Officer/Director Limited Liability Domestication Other CORP X_LLP		Amendment Resignation of R.A. or member Dissolution Change of Registered Agent Revocation of Dissolution Merger Conversion Amended and restated Articles Statement of Authority
OTHER FILINGS	DECISTE	DATION/OHALIEICATIONS
TrademarkAnnual ReportNOTARY REGISTRATIONFictitious Name	KEGISTE	Foreign filing Limited Partnership Reinstatement
APOSTILLE Country		Other

EXAMINIER'S INITIALS:\_\_\_\_

## **COVER LETTER**

FO: Registration Section Division of Corporations				
SUBJECT: HOUTK	IN FAMILY LIMITED PA	ARTNERSHIP		
No.	ame of Florida Limited Par	tnership or Limited Liabilit	y Limited Partnership	
The enclosed Certification	icate of Amendment a	nd fee(s) are submitted	for filing.	
Please return all cor	respondence concernii	ng this matter to:		
Michael Houtkin				
	Contact Person			
HOUTKIN FAMILY L	IMI <b>T</b> ED PARTNERSHIP			
	Firm/Company			
2295 NW Corporate Blv	vd.Suite 230			
	Address			
Boca Raton, FL 33431				
	City, State and Zip Code			
mfhoutkin@gmail.com				
E-mail address: (to	be used for future annual	report notification)		
For further informat	ion concerning this ma	atter, please call:		
Michael Houtkin		at ( 914 ) 671	1-2437	
Name of Conta	act Person		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	
Mailing Address: Registration Section		Street Addre Registration	Section	
Division of Corpora	tions	Division of C	•	
P.O. Box 6327 Tallahassee, FL 323	14	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		
rananassee, fl 323	177	Tallahassee,	•	

## CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

FILED

2023 JUL 25 PM 1: 09

HOUTKIN	FAMIL	YI	IMITED	PARTNERSHIP

TALLAHASSEE, FLORIDA

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 March 9, 2022, assigned Florida document number A19000000045,			
adopts the following certificate of amer	idment to its certificate	of limited partnership.	
This amendment is submitted to amend the	following:		
A. If amending name, <u>enter the new nar</u> here:	ne of the limited partne	rship or limited liability limited partnership	
New name must be	e distinguishable and contain	n an acceptable suffix.	
Acceptable Limited Partnership suffixes: Limite Acceptable Limited Liability Limited Partnersh			
B. If amending mailing address and/ principal office address here:	or principal office add	lress, enter new mailing address and/or	
New Principal Office Add (Must be STREET address)	dress:		
New Mailing Address: (May be post office box)			
C. If amending the registered agent and/or the new registered		ess on our records, enter the name of the new	
Name of New Registered Agent:	Michael Houtkin		
New Registered Office Address:	2295 NW Corporate Bi	vd., Ste 230 r Florida street address	
	Boca Raton	, Florida 33431	
	City	Zip Code	

## New Registered Agent's Signature, if changing Registered Agent:

comp am fa	ly with the prov miliar with and	visions of all statutes relative to d accept the obligations of my p	If Changing Registered Agent, Signe	rmance of my duties, and h
		general partner(s), enter the room our records:	name and business address of e	ach general partner being
	<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
	<u>GP</u>	Sherry Houtkin	2295 NW Corp. Blvd Stc 230 BOCA RATON, FL 33431	_
	GP	Michael Houtkin	2295 NW Corp. Blvd Sic 230 BOCA RATON, FL 33431	_
	GP	Brad Houtkin	2295 NW Corp. Blvd Ste 230 BOCA RATON, FL 33431	■ Add □ Remove
				_
				_
	<del></del>			_
E. If the limited partnership or limited liability limited partnership is amending its "limited liability limited partnership" status, enter change here:				
0	This Limited	Partnership hereby elects to be	a "Limited Liability Limited Pa	artnership."
0	This Limited	Partnership hereby removes its	"Limited Liability Limited Par	tnership" status.

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

F. If amending any other information, enter ch	ange(s) here: (Attach additional sheets, if necessary.)
	<del></del>
Effective date, if other than the date of filing: July 2	21, 2023  r the date this document is filed by the Florida Department of
State.) Note: If the date inserted in this block does not meet the app be listed as the document's effective date on the Department	licable statutory filing requirements, this date will not
Signature(s) of a general partner or all general	partners*:
(*NOTE: Only one current general partner is required to signemoving a "limited liability limited partnership" election stawhen adding or removing a "limited liability limited partners	itement. Chapter 620, F.S., requires all general partners to sign
Sherry Houtkins	Shepry John Run
Brad Hoten	17/1. JVJ.
T. Char ( Inc. Inc. Inc. Inc. Inc. Inc. Inc. Inc.	
Signature(s) of all new or dissociating general p	artner(s), if any:
Sherry Houtka	Shory thaten
Brad Houth	Ry William
Michael North, n	1/0 ( 1/0 / 1/0 / 1/0
	2023.
Filing Fee: \$52.50	
Certified Copy (optional): \$52.50 Certificate of Status (optional): \$8.75	JUL 25