

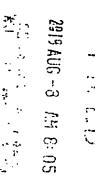
(Requestor's Name)		
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(Business Entity Name)		
(Document Number)		
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COVER LETTER

TO: Registration Division of O			
SUBJECT: Equity V	ault Partners LLLP		
No.	ume of Florida Limited Par	rtnership or Limited Liabili	ty Limited Partnership
The enclosed Certifi	cate of Amendment a	nd fee(s) are submitted	I for filing.
Please return all cor	respondence concerni	ng this matter to:	
Joseph Carvajales			
	Contact Person		
Equity Vault LLC			
Firm/Company			
488 NE 18th Street Uni	t 4506		
•	Address		
Miami, Fl. 33132			
	City, State and Zip Code		
joseph@alejoe.com			
E-mail address: (to	be used for future annual	report notification)	
For further informat	ion concerning this m	atter, please call:	
Joseph Carvajales		at (786) 378	2301
Name of Conta	ict Person	_ `	ytime Telephone Number
Enclosed is a check	for the following amo	ount:	
\$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:		MAILING	ADDRESS:
Registration Section		Registration Section	
Division of Corporations			Corporations
Clifton Building 2661 Executive Center Circle		P. O. Box 6327 Tallahassee, FL 32314	
Tallahassee, FL 32301		rananassee	. I L. JEJIT

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

Equity Vault Partners LLLP		
Insert name cur	rently on file with Floric	da Department of State
07/08/2019 , ass	ose certificate was fi igned Florida docun	led with the Florida Department of State on nent number A19000000279
adopts the following certificate of amen	dment to its certifica	ate of limited partnership.
This amendment is submitted to amend the	following:	
A. If amending name, enter the new nar here:	ne of the limited part	nership or limited liability limited partnership
New name must be	distinguishable and cor	stain an acceptable suffix.
Acceptable Limited Partnership suffixes: Limite Acceptable Limited Liability Limited Partnersh	rd Partnership, Limited. ip suffixes: Limited Liah	L.P., LP, or Ltd. ility Limited Partnership, L.L.L.P. or LLLP.
B. If amending mailing address and/ principal office address here:	or principal office a	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 new registered agent and/or the new regis		address on our records, enter the name of the
new registered agent and/or the new regis	tereu omice audress i	Refe.
Name of New Registered Agent:	Equity Vault LLC	
New Registered Office Address:	488 NE 18th Street	Unit 4506 nter Florida street address
	Miami City	Florida 33132 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 I am familiar with and accept the obligations of my position as registered agent.

Equity Vault LLC Jour Courses

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
GP	Pareto's Consulting LLC	488 NE 18th Street Unit 4506 Miami, FL 33132	_
GP	Equity Vault LLC	488 NE 18th Street Unit 4506 Miami, FL 33132	_
			_
			_ □ Add □ 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.)

F. If amending any other information, ent	ter 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 day State.)	ys after the date this document is filed by the Florida Department of
•	ne applicable statutory filing requirements, this date will not timent of State's records.
Signature(s) of a general partner or all gen	eral partners*:
	to sign this document unless the limited partnership is adding or ion statement. Chapter 620, F.S., requires all general partners to sign artnership" election statement.)
Paretos Consulting LLC Joseph Com	jels
· · · · · · · · · · · · · · · · · · ·	
Signature(s) of all new or dissociating gene	ral partner(s), if any:
Parto's Consulting LL Jour Com	Jals Equity Vault LLC Joseph Course
Filing Fee: \$52.50 Certified Copy (optional): \$52.50 Certificate of Status (optional): \$8.75	