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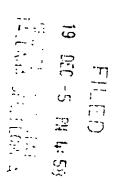
(Requestor's Name)				
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PICK-UP WAIT MAIL				
(Dusiness Fakiballana)				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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JAN 1 0 2020 S. YOUNG

COVER LETTER

TO: Registration Division of O	Section Corporations			•
	Gold, Limited Partnership			
SUBJECT:	ame of Florida Limited Pa	rtnership or Limited	Liabilit	y Limited Partnership
The enclosed Certif	icate of Amendment a	nd fee(s) are sub	mitted	for filing.
Please return all cor	respondence concerni	ng this matter to:		
Sonya Mochegova				
	Contact Person		_	
Joseph C. Kempe, Profe	essional Association			
	Firm/Company		_	
941 North Highway A1	A			
,	Address		_	
Jupiter, Florida 33477				
	City, State and Zip Code		_	
smochegova@jckempe	e.com			
E-mail address: (to	be used for future annual	report notification)	_	
For further informat	ion concerning this m	atter, please call:		
Sonya Mochegova		at (747-	7300
Name of Contact Person			ind Day	time Telephone Number
Enclosed is a check	for the following amo	eunt:		
☐ \$52.50 Filing Fee	☐\$61.25 Filing Fee and Certificate of Status	□\$105.00 Filin and Certified Co	_	#\$113.75 Filing Fee, Certified Copy, and Certificate of Status
STREET ADDRES	SS:	MAII	ING 2	ADDRESS:
Registration Section				Section
Division of Corporations Clifton Building 2661 Executive Center Circle				Corporations
			Box 63	
Tallahassee, FL 32.		танап	msscc,	FL 32314

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

Jupiter Gold, Limited Partnership				-17	7
Insert name currently on fi	ile with Florida Departme	nt of State		二年 石	.,
Pursuant to the provisions of section 620.1202. Flimited liability limited partnership, whose certificate of amendment to	icate was filed with the orida document numb	ne Florida Depar er A19000000422	rtment of	က ip or	e on ,
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the here:	limited partnership or	limited liability	limited r	<u>sartne</u>	ership
New name must be distinguis	hable and contain an acce	ptable suffix.			
Acceptable Limited Partnership suffixes: Limited Partners Acceptable Limited Liability Limited Partnership suffixes:	•		.P. or LLL	.P.	
B. If amending mailing address and/or principal office address here:	pal office address, <u>e</u>	nter new mailii	ig addro	ess ar	<u>ıd/or</u>
New Principal Office Address: (Must be STREET address)				_ _ _	
New Mailing Address: (May be post office box)				_ _ _	
C. If amending the registered agent and/or regist new registered agent and/or the new registered offi		our records, <u>en</u>	iter the n	iame_	of the
Name of New Registered Agent:				_	
New Registered Office Address:	Enter Floride	u 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 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>	Address	Type of Action
GP	Gold Capital Management, Inc.	379 Eagle Drive Jupiter, FL 33477	_ 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 Partnershi	in hereby elects to be	a "Limited Liabilit	y 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,	enter change(s) here: (Attach additional sheets, if necessary.)
	
Effective date, if other than the date of filir (Effective date cannot be prior to nor more than 90 State.)	ng:days after the date this document is filed by the Florida Department of
	et the applicable statutory filing requirements, this date will not partment of State's records.
Signature(s) of a general partner or all g	eneral partners*:
	ired to sign this document unless the limited partnership is adding or lection statement. Chapter 620, F.S., requires all general partners to sign d partnership" election statement.)
Four G's Management, Inc.	
By: James Gold	
Harvey Gold, President	
Signature(s) of all new or dissociating ge	neral partner(s), if any:
Gold Capital Management. Inc.	
By Marianne Lord	
Marianne Gold, Vice President	
	-
Filing Fee: \$52.50	
Certified Copy (optional): \$52.50 Certificate of Status (optional): \$8.75	