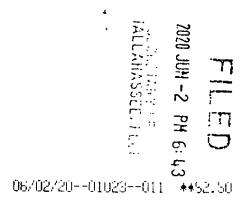
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| (Requestor's Name)                      |
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## COVER LETTER

| TO: Registration S   |   |  |   |  |  |
|--|---|--|---|--|--|
| SUBJECT: Winston & Edwards Holdings LLLP  Name of Florida Limited Partnership or Limited Liability Limited Partnership                   |   |  |   |  |  |
| Nai  | me of Florida Limited Parti                         | nership or Limited Liabiliบุ                       | Limited Partnership   |  |  |
| The enclosed Certificate of Amendment and fee(s) are submitted for filing.   |   |  |   |  |  |
| Please return all correspondence concerning this matter to:  |   |  |   |  |  |
| Jenean Winston   |   |  |   |  |  |
| Winston & Edwards Holdings LLLP  |   |  |   |  |  |
| 201 Clinton Ave 12G  |   |  |   |  |  |
| Brooklyin NY 11205   |   |  |   |  |  |
| Brooklyn N/1205  City. State and Zip Code  Tae dylan LC @ amail. Com  E-mail address: (to be used for future annual report notification) |   |  |   |  |  |
| For further information concerning this matter, please call:   |   |  |   |  |  |
| Jenean Winston a1 (646) 326-4060   |   |  |   |  |  |
| Name of Contact Person Area Code and Daytime Telephone Number  |   |  |   |  |  |
| Enclosed is a check for the following amount:  |   |  |   |  |  |
| \$52.50 Filing Fee   | ☐\$61.25 Filing Fee<br>and Certificate of<br>Status | □\$105.00 Filing Fee<br>and Certified Copy         | ☐\$113.75 Filing Fee,<br>Certified Copy, and<br>Certificate of Status |  |  |
| Mailing Address:   |   | Street Addre                                       |   |  |  |
| Registration Section   |   | Registration Section                               |   |  |  |
| Division of Corporations P.O. Box 6327   |   | Division of Corporations The Centre of Tallahassee |   |  |  |
| Tallahassee, FL 32314  |   | 2415 N. Monroe Street, Suite 810                   |   |  |  |

Tallahassee, FL 32303

FILED

## CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

2020 JUN -2 PM 6: 43

|  | OF AGUITACY OF  |  |  |  |  |
|--|---|--|--|--|--|
| Mynston & Fidux  | ovels Helders la  |  |  |  |  |
| Insert name currently on file with Florida Department of State   |   |  |  |  |  |
| •  | · ·   |  |  |  |  |
|  | cate was filed with the Florida Department of State on rida document number <u>A 2000000164</u> . |  |  |  |  |
| This amendment is submitted to amend the following:  |   |  |  |  |  |
| A. If amending name, enter the new name of the li  | imited partnership or limited liability limited partnership                                       |  |  |  |  |
| here: Winston & Winston  | Holdings LLLP   |  |  |  |  |
| New name must be distinguish   | able and contain an acceptable suffix.  |  |  |  |  |
| Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd. Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP. |   |  |  |  |  |
| B. If amending mailing address and/or principal office address, enter new mailing address and/or principal office address here:  |   |  |  |  |  |
| New Principal Office Address: (Must be STREET address)   | Same as on file   |  |  |  |  |
| New Mailing Address: (May be post office box)  | Same as on file   |  |  |  |  |
| C. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:                               |   |  |  |  |  |
| Name of New Registered Agent:  |   |  |  |  |  |
| New Registered Office Address:   | Enter Florida street address  |  |  |  |  |

City

\_\_\_\_\_, Florida \_\_\_\_\_\_ 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.                                |

|              | ed from our records: |   |                   |
|--------------|----------------------|---|-------------------|
| <u> itle</u> | <u>Name</u>          | <u>Address</u>                              | Type of Action    |
|              | Marvin Edwards       | 201 Clinton Ave<br>12G<br>Brocklyn NY 11205 | □ Add<br>■ Remove |
|              |                      |   | Add               |
|              | <del></del>          |   | ☐ Add ☐ Remove    |
|              |                      |   | ☐ Add☐ Remove     |
|              |                      |   |                   |
|              |                      |   | ☐ Add ☐ Remove    |

 $(\underline{NOTE:}\ \ lf\ adding\ or\ removing"\ limited\ liability\ limited\ partnership"\ status,\ all\ general\ partners\ must\ sign\ this\ amendment.)$ 

| F. If amending any other information, enter  | change(s) here: (Attach additional sheets, if necessary.)                           |
|--|---|
|  |   |
|  |   |
| <u> </u>   |   |
|  | <u> </u>  |
| Effective date, if other than the date of filing:  | 1/30/2020   |
| State.)  | fier the date this document is filed by the Florida Department of                   |
| <b>Note:</b> If the date inserted in this block does not meet the a be listed as the document's effective date on the Departme         | pplicable statutory filing requirements, this date will not ent of State's records. |
|  |   |
| Signature(s) of a general partner or all genera  | al partners*:   |
|  | sign this document unless the limited partnership is adding or                      |
| removing a "limited liability limited partnership" election when adding or removing a "limited liability limited partnership" election | statement. Chapter 620, F.S., requires all general partners to sign                 |
| when adding or removing a mance national minima parties  | ersing election statement,  |
| Wigh Mugh  |   |
|  |   |
|  |   |
|  |   |
|  | <u> </u>  |
| Signature(s) of all new or dissociating general  | partner(s), if any:   |
| $M_{\star}$ $G/L$  |   |
| I wow server   |   |
|  |   |
|  |   |
|  |   |
|  |   |
| Filing Fee: \$52.50  |   |
| Certified Copy (optional): \$52.50<br>Certificate of Status (optional): \$8.75   |   |