A21000000164

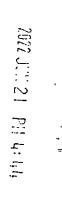
(Address) (Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Bookers Line)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
†

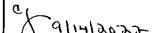




300389593983

06/21/22--01017--013 **52.50





COVER LETTER

TO: Registration S Division of C				•
SUBJECT: Milk Toa	st Capital, LLLP			
Na	me of Florida Limited Par	tnership or Limited I	Liability	Limited Partnership
The enclosed Certific	cate of Amendment ar	nd fee(s) are subn	nitted f	or filing.
Please return all corr	espondence concernin	g this matter to:		
Austin Ventura			_	
	Contact Person		_	
Milk Toast Capital, LLL			_	
	Firm/Company			
4811 Forest Creek Trial			_	
	Address			
Parrish, FL 34219				
	City, State and Zip Code		-	
austin@milktoastcapital			_	
E-mail address: (to	be used for future annual	report notification)		
For further informati	on concerning this ma	itter, please call:		
Austin Ventura		at (471-8	117
Name of Contac	et Person		nd Dayti	me Telephone Number
Enclosed is a check f	or the following amou	unt:		
S52.50 Filing Fee	☐\$61.25 Filing Fee and Certificate of Status	☐\$105.00 Filing and Certified Cop		☐\$113.75 Filing Fee, Certified Copy, and Certificate of Status
Mailing Address: Registration Section Division of Corporat P.O. Box 6327 Tallahassee, FL 3231		Registr Division The Co 2415 N	entre of J. Moni	

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

2022 JL 121 PH 4: 44

Milk Toast Capital, LLLP Insert name currently on fil	e with Florida De	epartment of State
Pursuant to the provisions of section 620.1202, Fl limited liability limited partnership, whose certific 4/12/2021 , assigned Flori	cate was filed	with the Florida Department of State on
adopts the following certificate of amendment to		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the linere:	imited partners	hip or limited liability limited partnership
CRDNL Capital Partners, LLLP		
New name must be distinguish	able and contain	an acceptable suffix.
Acceptable Limited Partnership suffixes: Limited Partnersh Acceptable Limited Liability Limited Partnership suffixes: I		
B. If amending mailing address and/or princip principal office address here:	oal office addi	ress, 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 registere registered agent and/or the new registered office add Name of New Registered Agent: New Registered Office Address:	dress here:	
	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.

If Changing	Registered Agent	. Signature of New	Registered Agent

D.	If	amending	the general	partner(s),	enter the	name	and	<u>business</u>	<u>address</u>	of eac	h general	partner	being
<u>ade</u>	ded	or remove	<u>d from our</u>	records:									

<u>Title</u>	<u>Name</u>	Address	Type of Action
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ 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 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 info	rmation, e	enter change(s) here: (Attac	h additional shee	ets, if necessary.)
		·····			
Effective date, if other than the date (Effective date cannot be prior to nor mo. State.)	te of filin re than 90	g:days after the d	ate this documer	nt is filed by the Fl	orida Department of
Note: If the date inserted in this block do be listed as the document's effective date				requirements, this	date will not
Signature(s) of a general partner	r or all go	eneral partn	iers*:		
(*NOTE: Only one current general partiremoving a "limited liability limited partirement adding or removing a "limited liability".	nership" ele	ection statemen	t. Chapter 620, I	F.S., requires all g	
The design of the second	2				
Signature(s) of all new or dissoci	iatina ae	neral nartne	er(s) if any		
Signature(s) of air new or dissoc.	iacije ge	inci un pour tinc	(3), 11 uniy		
	.				
			·		
					
Filing Fee: Certified Copy (optional):	\$52.50 \$52.50				
Certificate of Status (optional):	\$8.75				