A22000000505

| (Requestor's Name) | | | | | |
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| (Ad | (Address) | | | | |
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| (Ad | dress) | | | | |
| (Cit | y/State/Zip/Phone | : #) | | | |
| PICK-UP | ☐ WAIT | MAIL | | | |
| (Bu | siness Entity Nam | ne) | | | |
| (Do | cument Number) | | | | |
| Certified Copies | Certificates | of Status | | | |
| Special Instructions to | Filing Officer: | | | | |
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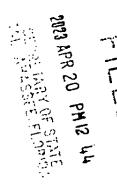




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LP Amend

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WAIKIN

| | PICK | OP: | MISTY 4/20_ | | |
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| | CERTIFIED COPY | | | | |
| | РНОТОСОРУ | | | | |
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| | FILING | <u>IIII</u> | LP AMEND | | |
| J. | SMFP-GP, LLLP | | | | |
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COVER LETTER

| TO: Registration Division of C | | | | |
|---|---|--------------------------------|------------|---|
| SUBJECT: JSMFP-0 | GP. LLLP | | | |
| Na Na | me of Florida Limited Par | rtnership or Limite | d Liabilit | y Limited Partnership |
| The enclosed Certifi | cate of Amendment a | nd fee(s) are sul | omitted | for filing. |
| Please return all corn | espondence concerni | ng this matter to |): | |
| YESENIA VAZQUEZ | | | | |
| | Contact Person | | | |
| WEISBURD, EISEN & | POSSENTI, P.A. | | | |
| | Firm/Company | | | |
| 2751 EXECUTIVE PAI | RK DRIVE, SUITE 104 | | | |
| | Address | | | |
| WESTON, FLORIDA 3 | 3331 | | | |
| | lity, State and Zip Code | | _ | |
| angela@sbv.com | | | | |
| E-mail address: (to | be used for future annual | report notification) |) | |
| For further informati | on concerning this ma | atter, please call | : | |
| YESENIA VAZQUEZ | | 786 at (| 296-8 | 3667 |
| Name of Conta | ct Person | | and Dayı | ime Telephone Number |
| Enclosed is a check to | for the following amo | unt; | | |
| ■ \$52.50 Filing Fee | □\$61.25 Filing Fee and Certificate of Status | S105.00 Filir and Certified Co | | ☐\$113.75 Filing Fee. Certified Copy, and Certificate of Status |
| Mailing Address: Registration Section Division of Corporat P.O. Box 6327 | | Regis Divis The C | entre of | Section Forporations Tallahassee |
| Tallahassee, FL 3231 | 4 | | | roe Street, Suite 810 FL 32303 |

FILED

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERS APR 20 PM 12 44 OF SECRETARY OF STATE TO ABASSEE FLORIDA

JSMFP-GP, LLLP

Insert name currently on file with Florida Department of State

| limited liability limited partnership, whose certi August 30, 2022 assigned Fl | Florida Statutes, this Florida limited partnership or ficate was filed with the Florida Department of State on lorida document number A22000000505 |
|--|--|
| adopts the following certificate of amendment to | o its certificate of limited partnership. |
| This amendment is submitted to amend the following | ŗ. |
| A. If amending name, enter the new name of the here: | limited partnership or limited liability limited partnershi |
| New name must be distinguis | shable and contain an acceptable suffix. |
| Acceptable Limited Partnership suffixes: Limited Partner Acceptable Limited Liability Limited Partnership suffixes. | rship, Limited, L.P., LP, or Ltd. :: Limited Liability Limited Partnership, L.L.L.P. or LLLP. |
| B. If amending mailing address and/or princ principal office address here: | cipal office address, enter new mailing address and/or |
| New Principal Office Address: | 4538 NE PARK BLUFFS DRIVE |
| (Must be STREET address) | LEES SUMMIT, MO 64064 |
| New Mailing Address: | 4538 NE PARK BLUFFS DRIVE |
| (May be post office box) | LEES SUMMIT, MO 64064 |
| registered agent and/or the new registered office ac | red office address on our records, <u>enter the name of the new</u> <u>ddress here</u> : |
| Name of New Registered Agent: | |
| New Registered Office Address: | Enter Florida street address |
| | |
| | Florida City Zip Code |
| | any come |

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 |
| am familiar with and accept the obligations of my position as registered agent. |

| If Changing Registered 2 | Agent, Signature of New Registered Agent | Ī |
|--------------------------|--|---|

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 | <u>Address</u> | Type of Action |
|--------------|--|---|-----------------------|
| <u>GP</u> | AMIT RAIZADA REVOCABLE TRUST DATED JULY 24, 2008 | 110 Washington Ave, Unit 2409 Miami, Florida 33139 | _ □ Add □ ■ Remove |
| GP | ANGELA CORRELL | 4538 NE PARK BLUFFS DRIVE LEES SUMMIT, MO 64064 | ☐ 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 hereb | y elects to be a | "Limited Liabilit | ty Limited Partnership. |
|--|--------------------------------|------------------|-------------------|-------------------------|
|--|--------------------------------|------------------|-------------------|-------------------------|

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

[☐] This Limited Partnership hereby removes its "Limited Liability Limited Partnership" status.

| r. 11 amending any other inf | ormation, enter cha | uge(s) here: (Attach additional sheets, if necessary. |
|--|---------------------------|---|
| | | |
| | <u> </u> | |
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| | | |
| Effective date, if other than the da | ate of filing | |
| (Effective date cannot be prior to nor mo State.) | ore than 90 days after ti | he date this document is filed by the Florida Department |
| | nee not meet the combine | ALL |
| Signature(s) of a general partner | r or all general pa | rtners*: |
| (*NOTE: Only one current general posts | | |
| removing a "limited liability limited parts when adding or removing a "limited habi | nership" election statem | his document unless the limited partnership is adding or neut. Chapter 620, F.S., requires all general partners to s |
| S s s s s s s s s s s s s s s s s s s s | | election statement.) |
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| | | |
| | | |
| Signature(s) of all new or dissocia | ating general partr | ner(s), if any: |
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| That had | 7- | |
| Muliel | <u> </u> | |
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| iling Fee: | \$52. 5 0 | |
| ertified Copy (optional): | \$52.50 | |
| ertificate of Status (optional): | \$8.7 5 | |