

A26263

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

W.F.

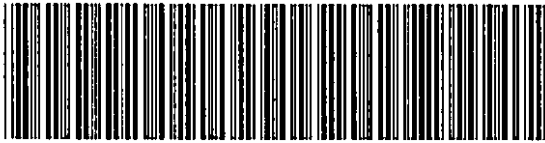
Special Instructions to Filing Officer:

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Office Use Only



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FILED

JS
4-16-19



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 22, 2019

MICHAEL A AZZARELLI
16604 MILAN DE AVILA
TAMPA, FL 33613 US

SUBJECT: AZZARELLI ENTERPRISES, LTD.
Ref. Number: A26263

We have received your document for AZZARELLI ENTERPRISES, LTD. and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by all of the general partners.

I certify from the records of this office that AZZARELLI ENTERPRISES, LTD., is a Limited Partnership or Limited Liability Limited Partnership organized under the laws of the state of Florida, filed on April 12, 1988.

The document number of this Limited Partnership or Limited Liability Limited Partnership is A26263.

I further certify said Limited Partnership has paid all filing fees due this office through December 31, 1988, and its status is active.

I further certify said Limited Partnership or Limited Liability Limited Partnership has not filed a Certificate of Dissolution.

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CERTIFICATE OF AMENDMENT
TO
CERTIFICATE OF LIMITED PARTNERSHIP
OF

AZZARELLI ENTERPRISES, LTD.
Insert name currently on file with Florida Department of State

Pursuant to the provisions of section 620.1202, Florida Statutes, this Florida limited partnership or limited liability limited partnership, whose certificate was filed with the Florida Department of State on 4/12/1988, assigned Florida document number A26263, adopts the following certificate of amendment to its certificate of limited partnership.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited partnership or limited liability limited partnership here:

New name must be distinguishable 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 LLP

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)

16604 MILLAN De AVILA
TAMPA, FL 33613

New Mailing Address:
(May be post office box)

16604 MILLAN De AVILA
TAMPA, FL 33613

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:

MICHAEL AZZARELLI

New Registered Office Address:

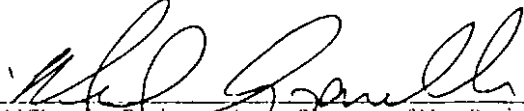
16604 MILLAN De AVILA

Enter Florida street address

TAMPA, Florida 33613
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>	<u>Address</u>	<u>Type of Action</u>
GP	STEPHEN P. AZZARELLI	2201 N. STERLING Tampa, FL 33607	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
GP	MAXWELL AZZARELLI	16604 MILLAN DE AVILA Tampa, FL 33613	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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 TAMPA, FL
 CLERK OF COURT

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, enter change(s) here: *(Attach additional sheets, if necessary.)*

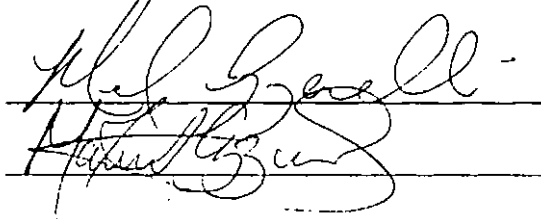
Effective date, if other than the date of filing: _____

(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

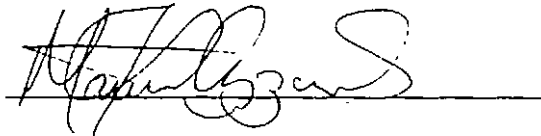
Signature(s) of a general partner or all general partners*:

(*NOTE: Only one current general partner is required to sign this document unless the limited partnership is 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 "limited liability limited partnership" election statement.)



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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

Signature(s) of all new or dissociating general partner(s), if any:



Filing Fee: \$52.50
Certified Copy (optional): \$52.50
Certificate of Status (optional): \$8.75