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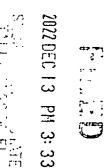
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL.
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Musket Family Limited Partnership 93-I Name of Florida Limited Partnership or Limited Liability Limited Partnership				
N	ame of Florida Limited Pa	rtnership or Limited Liabili	ity Limited Partnership	
The enclosed Certificate of Amendment and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to:				
Phillip	Muskat Contact Person			
	Contact Person			
Muskat Family United Partnership 93-I				
10775 S.W. 133 Tener				
Migmi, FL 33176 City, State and Zip Code				
	City, State and Zip Code			
mu	skat meaci	- (B M		
E-mail address: (to	be used for future annual	report notification)		
For further informati	on concerning this ma	itter, please call:		
3	4	-	<i>_</i>	
Name of Contra	TUSKAY	_at (<u>305</u>) 2	33-0000	
Name of Contac	LI FEISOII	Area Code and Day	time Telephone Number	
Enclosed is a check for the following amount:				
□ \$52.50 Filing Fee	\$61.25 Filing Fee and Certificate of Status	☐\$105.00 Filing Fee and Certified Copy	Certified Copy, and Certificate of Status	
Mailing Address: Registration Section Division of Corporate P.O. Box 6327 Tallahassee, FL 3231			Section Corporations of Tallahassee broe Street, Suite 810	

CERTIFICATE OF AMENDMENT TO



CERTIFICATE OF LIMITED PARTNERSHIP DEC 13 PM 3: 33

Muskat Family Limited Partnership 93-Fill 1955 E.FL Insert name currently on file with Florida Department of State

- HILLICU HADHIIV HMHEA DAMBERSHIN Whase	1202, Florida Statutes, this Florida limited partnership of e certificate was filed with the Florida Department of State on ned Florida document number <u>A 93 0000 00 4 72</u> , nent 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 partners here:				
New name must be dis	stinguishable and contain an acceptable suffix.			
	offixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP. principal office address, enter new mailing address and/or			
C. If amending the registered agent and/or recegistered agent and/or the new registered off Name of New Registered Agent: New Registered Office Address:	Phillip Muskat 10775 S.W. 133 Terrace Enter Florida street address			
Name of New Registered Agent:	Phillip Muskat 10775 S.W. 133 Terrace Enter Florida street address			

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>	Name	Address	Type of Action
GP_	Pablo Muskat	10775 S.W. 133 Terrie Miami, FL 33176	□ Add □ Remove
GP	Phillip Muskat	10775 S.W. 133 Terree Miani, Fr 33176	☑ Add □ Remove
<u>6P</u>	Miriam Muskat	10775 SW. 133 Temas Micani, FL 33176	∴ ☐ Add ☐ Kemove
<u>GP</u>	Michael Muskat	10775 S.W. 133 Terras Miami, FL 33176	- □ 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 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 informa	ation, enter change(s) here: (Attach additional sheets, if necessary.)
Essential day (Carl all all all all all all all all all	
State.)	filling:
Signature(s) of a general partner or	all general partners*:
(*NOTE: Only one current general partner is removing a "limited liability limited partnershi when adding or removing a "limited liability li	required to sign this document unless the limited partnership is adding or ip election statement. Chapter 620, F.S., requires all general partners to signified partnership election statement.)
Miriam Miriam M Physishad Pebli M	Auskat
Pebl. M	uskel
Signature(s) of all new or dissociating	g general partner(s), if any:
Allenfut	
Milas April Michael Musker	<u></u>
	
Filing Fee: \$52. Certified Copy (optional): \$52. Certificate of Status (optional): \$8.	