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COVER LETTER

TQ:	Registration S Division of C					
SHRI	IECT: CARUSO	-FAIRWAY PROPERTI	ES LLLP			
., 0 00	Nar	ne of Florida Limited Par	tnership or Limite	d Liability	Limited Partnership	
The e	nclosed Certific	ate of Amendment a	nd fee(s) are sul	bmitted t	for filing.	
Please	e return all corre	espondence concernit	ng this matter to):		
JAME	S P. CARUSO					
		Contact Person		_		
CARU	ISO-FAIRWAY PI	ROPERTIES LLLP				
		Firm/Company				1
P. O. I	3OX 568367				· 	
		Address				, , , ,
ORLA	NDO, FL. 32856					ි. ග
	C	ity, State and Zip Code			55 50	
JIM@	PINELOCH.COM				E S	Ē
H	-mail address: (to	be used for future annual	report notification)	TATE FL	6:48
For fi	irther information	on concerning this ma	atter, please cal	l:		
лм С	ARUSO		at (256-5	555	
	Name of Contac	t Person		and Dayti	ime Telephone Number	
Enclo	sed is a check f	or the following amo	unt:			
= \$52	.50 Filing Fee	□\$61.25 Filing Fee and Certificate of Status	□\$105.00 Fili and Certified C		☐S113.75 Filing Fee, Certified Copy, and Certificate of Status	,
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Regis Divis The C 2415	Centre of N. Mon)	

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

CARUSO-FAIRWAY PROPERTIES LILLP			<u>.</u>
Insert name currently on f	ile with Florida Depar	tment of State	
Pursuant to the provisions of section 620.1202, I limited liability limited partnership, whose certif 12/27/1993	ficate was filed wit orida document nu	h the Florida Department of mber A93000001428	
adopts the following certificate of amendment to	ous certificate of ti	mited partnership.	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the here:	limited partnership	or limited liability limited p	<u>partnershi</u> j
New name must be distinguis	shable and contain an a	cceptable suffix.	
Acceptable Limited Partnership suffixes: Limited Partners Acceptable Limited Liability Limited Partnership suffixes:			.P
B. If amending mailing address and/or princ <u>principal office address here</u> :	ipal office address	s, enter new mailing addre	ess and/or
New Principal Office Address: (Must be STREET address)			.
New Mailing Address: (May be post office box)			- -
		OF STA	
C. If amending the registered agent and/or registered is registered agent and/or the new registered office ac		i our records, <u>enter tite narti</u>	or the nev
Name of New Registered Agent:			_
New Registered Office Address:	Enter Flo	rida 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 statues 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 2	gent

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
MR	STEPHEN M. CARUSO (Deceased)	1355 S. SUMMERLIN AVE. ORLANDO, FL. 32806	□ Add ■ Remove
			□ Add □ Remove
.			
			_
			— □\Add — □\Kemove — □\Kemove

- 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.

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

F. If amending any other info	rmation, ente	er change(s)	here: (Attach addi	itional sheets, if necessary.)
·	-			
Liffration data if other than the de	to of filing l	AN 1 2024		
Effective date, if other than the da (Effective date cannot be prior to nor mo			c this document is file	ed by the Florida Department of
State.) Note: If the date inserted in this block do	es not meet the	e applicable st	atutory filing require	ments, this date will not
be listed as the document's effective date				
Signature(s) of a general partner	r or all gene	eral partne	rs*:	
*NOTE: Only one current general particemoving a "limited liability limited particle when adding or removing a "limited liability".	nership" electic ihty limited par	on statement.	Chapter 620, F.S., re	mited partnership is adding or equires all general partners to sign
				?3
				<u> </u>
Signature(s) of all new or dissoci	iating gener	al partner	(s), if any:	MH 6: 48
Filing Fee:	\$52.50			
Certified Copy (optional):	\$52.50			
Certificate of Status (optional):	\$8.75			

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