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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: THE GIVE	UNTA GROUP, LTD.
	nership or Limited Liability Limited Partnership
The enclosed Certificate of Amendment and	d fee(s) are submitted for filing.
Please return all correspondence concerning	g this matter to:
Richard S. Giunta	
Contact Person	
The Giunta Group, LTD.	
Firm/Company	
10302 McIntosh Road	
Address	
Dover, FL 33527	
City, State and Zip Code	
richard.giunta@giuntagroup.	.com
E-mail address: (to be used for future annual re	eport notification)
For further information concerning this mat	tter, please call:
Richard S. Giunta	at ( 813 ) 982-1112
Name of Contact Person	Area Code and Daytime Telephone Number
Enclosed is a check for the following amou	nt:
\$52.50 Filing Fee and Certificate of Status	\$105.00 Filing Fee and Certified Copy Certificate of Status
STREET ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building 2661 Executive Center Circle	P. O. Box 6327 Tallahassee, FL 32314
Tallahassee FI 32301	i diidiidasco, i L. 32317

## CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

THE	GIUNTA	A GROUP	, LTD.

Incor	t name	currently	on file	with Flo	rida Dane	ertmant	of St	nta
THEOLI	LHAHIE	Currentia	OH HIE	WILLIEU	HUA DEDA	1111111111111	DI .3L	มเธ

Insert name curr	ently on I	ile with Florida Departm	ent of State	44 W
Pursuant to the provisions of section 620 limited liability limited partnership, who 09/28/2004, assi	se certif	icate was filed with t	he Florida I	Department of State on
adopts the following certificate of amend				
			-	<u> </u>
This amendment is submitted to amend the fo	ollowing:			
A. If amending name, enter the new nam here:	e of the	<u>limited partnership o</u>	r limited liab	oility limited partnership
New name must be	distinguis	hable and contain an acco	eptable suffix.	
Acceptable Limited Partnership suffixes: Limited Acceptable Limited Liability Limited Partnership				L.L.L.P. or LLLP.
B. If amending mailing address and/o principal office address here:	r princi	ipal office address, g	enter new m	ailing address and/or
New Principal Office Add	ess:	10302 McIntosh	Road	
(Must be STREET address)		Dover, FL 33527		
New Mailing Address: (May be post office box)		10302 McIntosh Dover, FL 33527		
C. If amending the registered agent and/ new registered agent and/or the new regist			n our record	s, enter the name of the
Name of New Registered Agent:		Bichard A	Licent	tz
New Registered Office Address:	1030	2 McIntosh Road		
		Enter Florid	a street addre	ss
		Dover	, Florida	33527
		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.

	· · · · · · · · · · · · · · · · · · ·	<del></del>	
If Changing Registere	ed Agent Signature	of New Registered Agent	

D.	If amending	the general	partner(s),	enter the	name a	nd business	address	of each	general	partner	being
ado	ded or removed	d from our	records:					•			

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
<u></u>			Add Remove
			Add Remove
			Add Remove
	<del></del>		Add Remove
			Add Remove
			Add Remove
	ed partnership or limited liability rship" status, enter change here:	limited partnership is an	nending its "limited liability
This Lim	nited Partnership hereby elects to be	a "Limited Liability Limited	d Partnership."
This Lim	nited Partnership hereby removes its	"Limited Liability Limited	Partnership" status.
(NOTE: If adding	g or removing" limited liability limited pa	artnership" status, all general po	artners must sign this amendment.)

F. If amending any other info	mation, enter cl	nange(s) here: (Attach addi	tional sheets, if necessary.)
Please update General Partner	Detail addres	s as follows:	
TRIPLE G. ENTERPRISES, IN	C.		
10302 McIntosh Road		·	
Dover, FL 33527			·
Effective date, if other than the dat (Effective date cannot be prior to nor mor State.)	e of filing: re than 90 days aft	er the date this document is file	ed by the Florida Department of
Signature(s) of a general partner  (*NOTE: Only one current general partner removing a "limited liability limited partner when adding or removing a "limited liability	er is required to si ership" election st	gn this document unless the lir atement. Chapter 620, F.S., re	
Richard Si	eatr		
Richard Sil	e. Ine.		Control Control Control
	<del>*************************************</del>		. ÷
Signature(s) of all new or dissoci	ating general p	eartner(s), if any:	3
	······································		
	<del>-</del>		**************************************
Filing Fee: Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$52.50 \$8.75		