

A94000001473

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

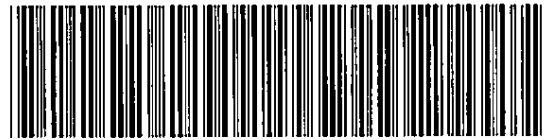
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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02/22/18--01011--008 \*\*52.50

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

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MAR 07 2018  
J. HARRIS

RECEIVED  
MAR 10 2018





FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 23, 2018

DANIEL PELLI  
1140 WASHINGTON AVENUE  
WINTER PARK, FL 32789

SUBJECT: M.D.P. PARK AVENUE FAMILY, LIMITED  
Ref. Number: A94000001473

We have received your document for M.D.P. PARK AVENUE FAMILY, LIMITED and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris  
Regulatory Specialist II

Letter Number: 418A00003817

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
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**CERTIFICATE OF AMENDMENT  
TO  
CERTIFICATE OF LIMITED PARTNERSHIP  
OF**

M.D.P. PARK AVENUE Family, Limited

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 November 3, 1994, assigned Florida document number A94000001473, 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 L.L.L.P.*

**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)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

New Mailing Address:

*(May be post office box)*

\_\_\_\_\_  
\_\_\_\_\_

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**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:

DANIEL PELLI

New Registered Office Address:

1140 WASHINGTON AVENUE

*Enter Florida street address*

WINTER PARK

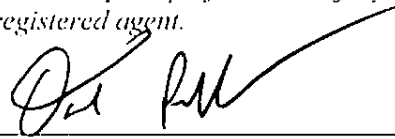
*City*

Florida 32789

*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           | DANIEL PELLI | 1140 WASHINGTON AVENUE<br>WINTER PARK, FL 32789 | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
| _____        | _____        | _____                                           | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
| _____        | _____        | _____                                           | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
| _____        | _____        | _____                                           | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
| _____        | _____        | _____                                           | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
| _____        | _____        | _____                                           | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
| _____        | _____        | _____                                           | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |

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 STATE SECRETARY OF REVENUE

**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.)

Dalia Pellli 2/20/18 \_\_\_\_\_  
Moshe Pellli 2/20/18 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

DA Pellli 2/20/18 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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