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(Address)			
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PICK-UP WAIT MAIL			
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, ,			
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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: ELEC	TRODYN SYSTEMS LTD		
7	ame of Florida Limited Part	nership or Limited I	Liability Limited Partnership
The enclosed Certi	ficate of Amendment an	d fee(s) are subm	nitted for filing.
Please return all co	rrespondence concernin	g this matter to:	
JAMES A MARINE	ELLI		
	Contact Person		
ELECTRODYN SYS	··		-
	Firm/Company		
2520 N POWERLINE			
	Address		
POMPANO BEACH			
1	City, State and Zip Code		
danice5446@hotma	o be used for future annual r	enart notification)	
C-man adaress. (Wite ascu in latare amain i	epare nouncation)	
For further informa	tion concerning this ma	tter, please call:	
DANICE MARINELLI at (954)			
Name of Contact Person			d Daytime 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 and Certified Cop	
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

Insert name currently on t	file with Florida Department of State	_
Pursuant to the provisions of section 620.1202, I limited liability limited partnership, whose certif DECEMBER 29 1995, assigned Fl	ficate was filed with the Florida Department of orida document number A96000000137	
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 here:	limited partnership or limited liability limited p	<u>oartnersh</u>
New name must be distinguis	shable and contain an acceptable suffix.	
Acceptable Limited Partnership suffixes: Limited Partners Acceptable Limited Liability Limited Partnership suffixes:		P.
B. If amending mailing address and/or princ principal office address here: New Principal Office Address: (Must be STREET address)	ipal office address, enter new mailing addre	ess and/o
New Mailing Address: (May be post office box)		-
C. If amending the registered agent and/or registered agent and/or the new registered office a		of the ne
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	- 63
		£20?
	, Florida	-≽

Page 1 of 3

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.

It 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
Partner	Danice Marinelli	2520 N Powertine Road Ste 303 Pompano Beach FL 33069	_ ☐ Add ☐ Remove
	· · · · · · · · · · · · · · · · · · ·		_
			_ □ 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:

0	This Limited Partnershi	p hereby elects to be a	"Limited Liability	Limited Partnership.'
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(NOTE: If adding or removing" limited liability limited partnership" status, all general partners must sign this amendment.)

Q This Limited Partnership hereby removes its "Limited Liability Limited Partnership" status.

F. If amending any other info	ermation, enter ch	range(s) here: (Attach additional sheets, if necessary.)
Effective date, if other than the da	te of filing: An	oril 10th 2023
	··· ··· ······························	er the date this document is filed by the Florida Department of
•		licable statutory filing requirements, this date will not of State's records.
Signature(s) of a general partne	r or all general	partners*:
	nership" election sta	gn this document unless the limited partnership is adding or atement. Chapter 620, F.S., requires all general partners to sig ship" election statement.)
Jim Marke		
<u></u>		
	<u>-</u>	
Signature(s) of all new or dissoc	iating general p	eartner(s), if any:
		
	·····	
Filing Fee: Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$52.50 \$8.75	