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SECRETARY OF STATE

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COVER LETTER

TO: Registration Section Division of Corporations							
SUBJECT: The Probert Family Limited Partnership	SUBJECT: The Probert Family Limited Partnership						
Name of Florida Limited Partnership or Limited Liability Limited Partnership							
The enclosed Certificate of Amendment and fee(s) are submitted for filing.							
Please return all correspondence concerning this matter to:							
Daniel C. Probert Contact Person							
The Probert Family Limited Partnership Firm/Company							
3728 Flagler Avenue							
Address							
Karathia at El 00040							
Key West, FL 33040 City, State and Zip Code							
·							
dcpkw@umich.edu E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:							
Daniel C. Probert at (305) 294-7243							
Name of Contact Person Area Code and Daytime Telephone Number	r						
Enclosed is a check for the following amount:							
\$52.50 Filing Fee and Certificate of Status \$105.00 Filing Fee and Certified Copy Certificate of Status \$113.75 Filing Fee Certified Copy, and Certificate of Status	e,						
STREET ADDRESS: MAILING ADDRESS:							
Registration Section Registration Section							
Division of Corporations Clifton Building Division of Corporations P. O. Box 6327							
2661 Executive Center Circle Tallahassee, FL 32314							
Tallahassee, FL 32301							

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

ne Probert Far			
Insert name currently on	file with Florida Depar	tment of State	
Pursuant to the provisions of section 620.1202, limited liability limited partnership, whose certing July 8, 1996, assigned Fadopts the following certificate of amendment to	ficate was filed wit lorida document nu	h the Florida Department of State mber <u>A9600001300</u>	: on ,
This amendment is submitted to amend the following	; :		
A. If amending name, <u>enter the new name of the here</u> :	limited partnership	or limited liability limited partne	<u>rship</u>
New name must be distingui	ishable and contain an a	cceptable suffix.	
Acceptable Limited Partnership suffixes: Limited Partner Acceptable Limited Liability Limited Partnership suffixes B. If amending mailing address and/or princ principal office address here:	s: Limited Liability Lim	s, enter new mailing address an	<u>d/or</u>
New Principal Office Address: (Must be STREET address)		5 JAN 12	* - * * * * * * * * * * * * * * * * * *
New Mailing Address: (May be post office box)		AM 8: 57 CEFFLORID	
C. If amending the registered agent and/or regined new registered agent and/or the new registered of		>	of the
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 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 th	e name	and	business	address	of ea	ich gene	eral :	<u>partner</u>	being
ado	<u>led or removed from our</u>	records:										

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>GP</u>	Carlie A. Zaroff	3728 Flagler Avenue Key West, FL 33040 305-294-7243	Add Remove
			Add Remove
			Add Remove
			— ☐ Add 5 ☐ Reffiove
			Remove
			Add C7
E. If the limited	l partnership or limited liabili	ity limited partnership is am	ending its "limited liability

limited partnership" status, enter change here:

This Limited Partnership hereby elects to be a "Limited Liability Limited Partnership."

This Dianted Furthership hereby elects to be a Dianted Diabnety Dianted Furthership.

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 neces	isary.)
		
Effective data if other than the data of filings		
Effective date, if other than the date of filing: (Effective date cannot be prior to nor more than 90 days after the date of the days after	te this document is filed by the Florida Depa	irtment of
State.)		
Signature(s) of a general neutron or all general neutro	s mo * a	
Signature(s) of a general partner or all general partne		dina or
(*NOTE: Only one current general partner is required to sign this de removing a "limited liability limited partnership" election statement, when adding or removing a "limited liability limited partnership" ele	Chapter 620, F.S., requires all general partn	ning or ners to sigr
Daniel C. Probert, S.P.		
- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		·
Signature(s) of all new or dissociating general partner	(s), if any: ∑≲	
Para 0. 11 00	CAR	5 JA
Carlie a Garoff, G.P.	- ASS	<u>Z</u>
		<u> </u>
		57
Filing Fee: \$52.50 Certified Copy (optional): \$52.50		
Certificate of Status (optional): \$8.75		