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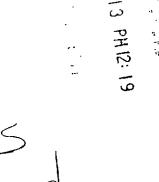
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PICK-UP	☐ WAIT	MAIL
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SEP 1-3 2021 LALBRITTON

# COVER LETTER

TO: Registration S Division of C			
SUBJECT: RUTSKI	N FAMILY LIMITED PA	RTNERSHIP	
Na	me of Florida Limited Part	nership or Limited L	iability Limited Partnership
The enclosed Certific	cate of Amendment an	d fee(s) are subm	nitted for filing.
Please return all corre	espondence concerning	g this matter to:	
Alan F. Gonzalez, Esq.			
	Contact Person		
Walters Levine Lozano &	& DeGrave		
	Firm/Company		
601 Bayshore Boulevard	, Suite 720		
	Address		
Tampa, FL 33606			
C	ity, State and Zip Code	<del></del>	
Hapynkeys@gmail.com			
E-mail address: (to	be used for future annual re	eport notification)	
For further information	on concerning this mat	tter, please call:	
Alan F. Gonzalez, Esq.		at (813	295-6925
Name of Contac	t Person	Area Code an	d Daytime Telephone Number
Enclosed is a check f	or the following amou	nt:	
□ \$52.50 Filing Fee	■\$61.25 Filing Fee and Certificate of Status	□\$105.00 Filing and Certified Cop	
Mailing Address: Registration Section Division of Corporati P.O. Box 6327 Tallahassee, FL 3231		Registra Division The Cer 2415 N	Address: ation Section n of Corporations ntre of Tallahassee . Monroe Street, Suite 810 ssee, FL 32303

## CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF



### RUTSKIN FAMILY LIMITED PARTNERSHIP

Insert name currently on file with Florida Department of State

Pursuant to the provisions of section 620. limited liability limited partnership, whose 11-1-96 adopts the following certificate of amendrates and the section of the provisions of section 620.	e certifica ned Flori	ate was filed : da document	with the Florida Department of State on number A96000002046
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name here:	of the lin	nited partners	hip or limited liability limited partnership
New name must be d	istinguisha	ole and contain	an acceptable suffix.
Acceptable Limited Partnership suffixes: Limited Acceptable Limited Liability Limited Partnership	Partnershij suffixes: Li	o, Limited, L.P., mited Liability i	LP, or Ltd. Limited Partnership, L.L.L.P. or LLLP.
B. If amending mailing address and/or principal office address here:	princip	al office addi	ess, enter new mailing address and/or
New Principal Office Address (Must be STREET address)	ess:		
New Mailing Address: (May be post office box)			
C. If amending the registered agent and/or registered agent and/or the new registered of			s on our records, enter the name of the new
Name of New Registered Agent:	LARA R	UTSKIN MAR	TIN
New Registered Office Address:	1155 BU	JLEVAR DE P.	ALMAS Florida street address
	• • • • • • • • • • • • • • • • • • •		
	MARAT	HON, City	, Florida <u>33050</u> 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

b. If amending the general partner(s), enter the name and business address of each general partner being added or removed from our records:

Title	Name	<u>Address</u>	Type of Action
Partner	PETER A. RUTSKIN	1155 BULEVAR DE PALMAS MARATHON, FL 33050	_ C Add Remove
Partner	PAR GP LLC	11300 N CENTRAL AVENUE TAMPA, FL 33612	Add CJ Remove
<del>,</del>			_
<del></del>			_ Cl Add Cl Remove
<del></del>			_
			☐ Add ☐ Remove

- 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."
  - O This Limited Partnership hereby removes its "Limited Liability Limited Partnership" status.

(NOTE: If adding or removing timited liability limited partnership" status, all general partners must sign this amendment.)

	- Parking to the Control of the Cont
frective date, if other than the date of filing:	
flective date cannot be prior to nor more than 90 days after the a	lase this document is filed by the Florida Department of
nte.) ate: If the date inserted in this block does not meet the applicable	stanutory filing requirements, this date will not
listed as the document's effective date on the Department of Sta	to's records.
innaturally of a second of the second	
gnature(s) of a general partner or all general partn	osia.:
NOTE: Only one current general partner is required to sign this	document unless the limited purtnership is adding or
moving a "limited liability limited partnership" election statement sen adding or removing a "limited liability limited partnership" e	Chapter 620, F.S., requires all general partners to signification statement.)
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	etu. it iserc
AR GF. LLC	eth tranc
ARGINEC HOW HILD	stratifiers (
AR GF. LLC	PETET A. RUISKIN
ARGILLO HOW HILW	backfore.
ARGINEC MON 194N	backford.
PARGITUCE MON 194N	backford.
ARGILLO MON 194N	backford.
PARGITUCE MON 194N	backford.
gnature(s) of all new or dissociating general parties  AR GF, LLC  Peter A. Rutskin, Manager  ling Fee: \$52.50	backford.