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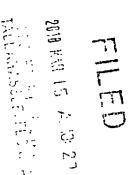
(Requestor's Name)	
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PICK-UP WAIT MAIL	
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Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	





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COVER LETTER

TO: Registration Section

Tallahassee, FL 32301

Division of Corporations

SUBJECT: KP	AUDKOP	F HOLDING	Limited Partnership	
The enclosed Certification	ate of Amendment and	d fee(s) are submitted fe	or filing.	
Please return all corre	spondence concerning	g this matter to:		
JEFFRE ?	Y A. KRAU	SKOFF		
	Contact Person			
KRAUSK	Contact Person	DINGS LTD		
	Firm/Company	1 2		
TOBOX	نسم وسروس			
1000	Address			
	Addiess	30 -		
DUARET	FL 344	45		
Ci	ty, State and Zip Code			
JEFFKE	AUSICOPI	- CATT. NE	-1 -1 -a	
E-mail address: (to b	e used for future annual re	eport notification)		
				-
For further information	on concerning this mat	tter, please call:		
	_		m navist u	Ĩ
	HUSICOPF	_"'\	9 3864	•
Name of Contact	t Person	Area Code and Daytii	me Telephone Number جيء	
Enclosed is a check for	or the following amou	nt:		
☐ \$52.50 Filing Fee	□\$61.25 Filing Fee and Certificate of Status	□\$105.00 Filing Fee and Certified Copy	S113.75 Filing Fee. Certified Copy, and Certificate of Status	
	_		DD D D D D	
STREET ADDRESS	5:	MAILING A		
Registration Section Division of Corporation	one	Registration S Division of Co		
Clifton Building	OHS	P. O. Box 632	•	
2661 Executive Cente	er Circle	Tallahassee, F		

CERTIFICATE OF AMENDMENT CERTIFICATE OF LIMITED PARTNERSHIP

FRAUSKOFF Insert name currently	HOLDINGS	5. LTD.
Insert name currently	y on file with Florida Departr	ment of State
Pursuant to the provisions of section 620.12 limited liability limited partnership, whose of 12-23-96, assigned adopts the following certificate of amendments.	certificate was filed with	the Florida Department of State on
This amendment is submitted to amend the follow	wing:	
A. If amending name, enter the new name of here:		
New name must be disti		
New name must be disti	inguisnable and contain an ac	ceptable suffix.
Acceptable Limited Partnership suffixes: Limited Pa Acceptable Limited Liability Limited Partnership suf	rtnership, Limited, L.P., LP, Jixes: Limited Liability Limit	or I.td. ed Partnership, L.L.L.P. or L.L.P.
B. If amending mailing address and/or p principal office address here:	rincipal office address,	enter new mailing address and/or
New Principal Office Address (Must be STREET address)	<u> </u>	
(Must be STREEL address)		7 72
New Mailing Address: (May be post office box)	n/A	77 75
. , , ,		
C. If amending the registered agent and/or new registered agent and/or the new registered		į
Name of New Registered Agent:	NA	
New Registered Office Address:	Enter Flori	ida street address
		, Florida

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>	Name	Address <u>T</u>	ype of Action
6 7	ROLLLO E.	P.O. BOX543001 MERCITT ISLAND FL 32954-3001	☐ Add ☑ Remove
<u>6P</u>	DANIEL E.	4820 NE SAUMMAHR JENSEN BEACH FL 34957	Add Remove
<u>a</u>	DEBORAH L. KRHUSKOPF	4820NE SAVAMAH ED JENSED BRACH EL 34957	Add Remove
	- 7/A-		☐ Add ☐ Remove: ☐
			O Add 5
	*		2

- 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 ch	hange(s) here: (Attach additional sheets, if necessary.)
n/A >	
*	1. 2019
Effective date, if other than the date of filing: Effective date cannot be prior to nor more than 90 days after	JANUARY 1 2010 The date this document is filed by the Florida Department of
State.) Note: If the date inserted in this block does not meet the app	
be listed as the document's effective date on the Department	
Signature(s) of a general partner or all general	partners*:
*NOTE: Only one current general partner is required to si	ign this document unless the limited partnership is adding or
removing a "limited liability limited partnership" election st when adding or removing a "limited liability limited partner	tatement. Chapter 620, F.S., requires all general partners to sign
when adding of removing a manced nationty finited parties	iship election statement,
60	
	(2.12)
Signature(s) of all new or dissociating general r	partner(s), if any:
Paringly S. M. Waller and The Concern	- Zy, Ilianin- Daniel Van
ANIELE IZPAUS PORT, DECENSE	D BY: HIS WIFE PERODOLI L. KEAU
Deboral Drawshipp	Debouch & Franchipp
7	7 7
	77 - 57 7 - 57
	∷ — ;
Filing Fee: \$52.50 Certified Copy (optional): \$52.50	
Certified Copy (optional): \$52.50 Certificate of Status (optional): \$8.75	

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Effective date, if other than the date (Effective date cannot be prior to nor more	of filing: JANUA than 90 days after the dat	RY \ ZO\B	by the Florida Depar
State.) Note: If the date inserted in this block does be listed as the document's effective date or	not meet the applicable st n the Department of State'	atutory filing requirem s records.	ents, this date will not
Signature(s) of a general partner (or all general partne	<u>rs*:</u>	
(*NOTE: Only one current general partner			
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Signature(s) of all new or dissocial Panier E. Krauskop Suborah Lamskop Line Suborah Line Subora	y limited partnership" elec	s), if any:	