A960000 02487

		(Red	questor's Name)
		(Add	dress)	
		(Add	dress)	
	•	(City	//State/Zip/Phor	ne #)
	PICK	(-UP	☐ WAIT	MAIL
		(Bus	siness Entity Na	me)
		(Doc	cument Number)
Certifie	ed Copies _		Certificate	s of Status
Spec	ial Instructi	ions to F	Filing Officer:	
Opeo		0.10 10 1	mig omoon.	

Office Use Only



100126264031

04/30/08--01008--021 **52.50

08 MAY -6 AM 10: 09

FILED SECRETARY OF STATE DIVISION OF CORPORATION

T. HAMPTON

MAY - 7 2008

EXAMINER

COVER LETTER

	on Section of Corporations	•,		
SUBJECT: The	Brody Family Limited (Name of Florida Limited Pa		lity Limited Partnership)	
The enclosed Cer	rtificate of Amendment a	und fee(s) are submitte	d for filing.	
Please return all	correspondence concerni	ng this matter to:		
Hilda Brody				
	(Contact Person)			
	(Firm/Company)			
4251 Rock Islan	nd Drive #809			
	(Address)			
ioudorbill El 2	2240			
Lauderhill, FL 3	(City, State and Zip Code)			
	(-),			
For further inform	nation concerning this m	atter, please call:		
Adam Brody		at (954) 27	' 0-1357	
(Name of C	Contact Person)		Daytime Telephone Number)	
Enclosed is a che	ck for the following amo	ount:		
\$52.50 Filing Fee	\$61.25 Filing Fee and Certificate of Status	\$105.00 Filing Fee and Certified Copy	\$113.75 Filing Fee, Certified Copy, and Certificate of Status	
STREET ADDR	ESS:	MAILING	ADDRESS:	
Registration Section		Registration Section		
Division of Corporations		Division of Corporations		
Clifton Building		P. O. Box 6327		
2661 Executive C		Tallahassee	, FL 32314	
Tallahassee, FL	32301			

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP

The Brody Family Limited Partnership #1

(Insert name currently on file with Florida Department of State)

Pursuant to the provisions of section 620.1202, Florida Statutes, this Florida limited partnership limited liability limited partnership, whose certificate was filed with the Florida Department of State on April 15, 2008 , 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 LLLP. B. 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:		
New Registered Office Address:		
- · · · · · · · · · · · · · · · · · · ·	(Enter Flori	da street address)
		, Florida
	(City)	(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)

C. 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>	Address	Type of Action		
	Norman Brody	4809 Holly Drive Tamarac, FL 33319	Add Remove		
	Hilda Brody	4251 Rock Island Dr. #809 Lauderhill, FL 33319	Add Remove		
	Variation de		Add Remove		5
<u></u>			Add Remove	08 MAY -6	SECRETARY OF STATIONS
			Add Remove	AM 10: 09	Y OF STATE
			Add Remove	J o) NS
imited partner	ship" status, enter change h	ability limited partnership is amere: be a "Limited Liability Limited Pa		iabili	ty
This Limited	d Partnership hereby removes	s its "Limited Liability Limited Par	rtnership" status.		
NOTE: If adding	or removing" limited liability lim	ited partnership" status, all general par	rtners must sign this ame	ndmen	t.)
E. If amending a	any other information, enter c	hange(s) here: (Attach additional si	heets, if necessary.)		
	-				
			 		

Effective date, if other than the da (Effective date cannot be prior to nor me State.)	ate of filing:	er the date this docun	nent is filed by the Fl	orida Department of
Signature(s) of a general partne				
(*NOTE: Only one current general part removing a "limited liability limited part when adding or removing a "limited liab	tnership" election sta	itement. Chapter 62	0, F.S., requires all ge	
Hilda Broy	· · · · · · · · · · · · · · · · · · ·			
		4-2-1		
Signature(s) of all new or dissoc	isting general n	artnar(s) if any		
Signature(s) of an new of dissoc	iating general p	arther(s), if any		
				SECRET DIVISION O DB MAY -
Filing Fee:	\$52.50			TARY OF CC
Certified Copy (optional):	\$52.50 \$52.50			
Certificate of Status (optional):	\$8.75			AH IO: