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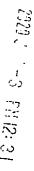
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R. MHNTE JUN 19 2020



COVER LETTER

_	stration S sion of Co	ection orporations				
SUBJECT:	Alfus Fam	ily Limited Partnership				
	Nan	ne of Florida Limited Part	nership or L	imited Li	iability	Limited Partnership
The enclose	d Certific	ate of Amendment an	id fee(s) ar	e subm	itted fo	or filing.
Please return	n all corre	spondence concernin	g this mat	ter to:		
Joel H Levine	, CPA					
		Contact Person				
Pucci Investm	ents LLC					
		Firm/Company				
505 S Flagler	Dr Ste 900					
	· -	Address				
West Palm Be	ach, FL 33	401				
	Ci	ty, State and Zip Code				
jlevine@cdlc	pa.com					
E-mail a	ddress: (to b	e used for future annual i	report notific	ation)		
For further i	informatio	on concerning this ma	itter, please	e call:		
Joel H Levine			_at (,	832-92	92
Nam	e of Contac	t Person	Area	Code and	d Daytir	ne Telephone Number
Enclosed is	a check fo	or the following amou	ınt:			
Ø \$52.50 Fili	ng Fee	☐\$61.25 Filing Fee and Certificate of Status	☐\$105.0 and Certif	0 Filing I fied Copy	Fee y	☐\$113.75 Filing Fee, Certified Copy, and Certificate of Status
Mailing Ad Registration Division of P.O. Box 63 Tallahassee.	Section Corporati 27		I 1 2	Γhe Cer 2415 N.	ntion S n of Co ntre of Monr	

CERTIFICATE OF AMENDMENT TO 2929 CERTIFICATE OF LIMITED PARTNERSHIP OF

Alfus Family Limited Partnership				
Insert name curre	ently on f	ile with Florida Dep	partment of State	
Pursuant to the provisions of section 620 limited liability limited partnership, who 1/13/1997, assi adopts the following certificate of amend	se certif gned Fl	ficate was filed vorida document:	with the Florida Department of State on number A97000000146,	
·			titilited partnership.	
This amendment is submitted to amend the fo	llowing:			
A. If amending name, enter the new nam here:	e of the	limited partners	nip or limited liability limited partnership	
New name must be	distinguis	shable and contain a	n acceptable suffix.	
Acceptable Limited Partnership suffixes: Limitea Acceptable Limited Liability Limited Partnership				
B. If amending mailing address and/o principal office address here:	r princ	ipal office addr	ess, enter new mailing address and/or	
New Principal Office Addres		Pucci Investmen	ts LLC	
(Must be STREET address)		505 S Flagler Dr		
		West Palm Beac	h, FL 33401	
Nam Mallian Addison		Pucci Investmen	ts FLC	
New Mailing Address: (May be post office box)		505 S Flagler Dr Ste 900		
		West Palm Beac		
C. If amending the registered agent and/or registered agent and/or the new registered			on our records, enter the name of the new	
Name of New Registered Agent:	Wend	y H Rothman		
New Registered Office Address:	505 S	Flagler Dr Ste 900	Tanida atau da danas	
		Enter F	lorida street address	
	West	Palm Beach	Florida 33401	

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

comply with th		gent and agree to act in this capa we to the proper and complete per my position as registered agent. If Changing Rogstered Agent, Sign	formance of my duties, and I
	g the general partner(s), enter t	he name and business address of	each general partner being
<u>Title</u>	Name	Address	Type of Action
	Marjorie Alfus	44 Cocoanut Row Palm Beach, FL 33480	☐ Add ☐ Remove
	Pucci Investments LLC	Wendy H Rothman 505 S Flagler Dr Ste 900 West Palm Beach, FL 33401	Add Remove
			□ Add □ Remove
			☐ Add ☐ Remove
			□ Add □ Remove
	ted partnership or limited liab ership" status, enter change her	oility limited partnership is ame	ending its "limited liability
•		o be a "Limited Liability Limited	Partnership."
□ This Lin	nited Partnership hereby remove	es its "Limited Liability Limited P	artnership" status.

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

F. If amending any other information, o	enter change(s) here: (Attach additional sheets, if necessary.)
	
Effective date, if other than the date of filin	g: days after the date this document is filed by the Florida Department of
State.)	t the applicable statutory filing requirements, this date will not
be listed as the document's effective date on the Dep	partment of State's records.
Signature(s) of a general partner or all go	eneral partners*:
(*NOTE: Only one current general partner is requiremoving a "limited liability limited partnership" elewhen adding or removing a "limited liability limited".	red to sign this document unless the limited partnership is adding or ection statement. Chapter 620, F.S., requires all general partners to sign
when adding or removing a "finited hability limited	. partnership election statement.)
	· · · · · · · · · · · · · · · · · · ·
Signature(s) of all new or dissociating gen	neral partner(s), if anv:
11/1/1/1/	
* Myd ful	
x Muno Ches	
,	
Filing Fee: \$52.50	
Certified Copy (optional): \$52.50 Certificate of Status (optional): \$8.75	