DMsion of Corporations

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To:

Division of Corporations

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: (850)617-6383

From:

Account Name : RASCO KLOCK PEREZ & NIETO, P.L.

Account Number : 104076000124

Phone

: (305)476-7100

Fax Number

: (305)476-7102

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cefelu@aol.com

LP/LLLP AMENDMENT/RESTATEMENT/CORRECTION

Certificate of Status 0 Certified Copy 0 Page Count 02 \$52.50 Estimated Charge

THE MACHADO FAMILY LIMITED PARTNERSHIP NO.

JEEL 1 9 2023

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CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

| THE MACHADO FAM | | | |
|---|----------------------|--|---------------------------|
| Insert name currently or | n nie with Florida D | eparument of State | |
| Pursuant to the provisions of section 620.1202 limited liability limited partnership, whose cer 02/14/1997 assigned l | tificate was filed | with the Florida Depi | rtment of State on |
| adopts the following certificate of amendment | | | |
| This amendment is submitted to smend the following | ıg: | | |
| A. If amending name, enter the new name of the | e ilmited partner | ship or limited liability | limited partnership |
| pere: | | | |
| N/A | | | . |
| New name must be disting | uishable and contain | an acceptable suffix. | |
| Acceptable Limited Partnership suffixes: Limited Partn Acceptable Limited Liability Limited Partnership suffixe | | | L.P. or LLLP. |
| B. If amending mailing address and/or principal office address here: | icipal office add | ress, <u>enter new mail</u> | ing address and/or |
| New Principal Office Address; | N/A | | |
| (Must be STREET address) | | | |
| | | | - 1913 - 🚅 198 |
| New Malling Address: | N/A | <u> </u> | |
| (May be post office box) | | | |
| | | <u>. </u> | ~ ~ ~ |
| C. If amending the registered agent and/or registered agent and/or the new registered office | | ss on our records, <u>ents</u> | r the name of the new |
| | | | |
| Name of New Registered Agent: NA | | | |
| New Registered Office Address: | Forter | Florida street address | |
| | EAUEF | A: POT IMM JN SEI CHAM CHE | |
| | City | , Florida | o Code |
| | Cuy | Հայ | / |

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 |
| am familiar with and accept the obligations of my position as registered agent. |

| If Changing Registered | Agent, Signature o | 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:

| Title | Name | Address | Type of Action |
|------------|----------------------------|---|-------------------|
| <u>GP</u> | Coferino Machado | 6465 West 24 Avenue Apt. 101 | |
| GP | Marcia Machado (Deceased) | Hislesh, Florida 33016 6465 West 24 Avenue | — □ Add |
| | | Apt: 101 Hislesh, Florida 33016 | ■ Remove |
| <u>CPP</u> | Machado Golden Eagle, Inc. | 6465 West 24 Avenue Apt. 101 Hislesh, Florida 33016 | B Add C Remove |
| | | | |
| | | | Q Add Remove |
| | | | |

E. If the limited partnership or limited liability limited partnership is amending its "limited liability limited partnership" status, enter change here:

| 0 | This Limited 1 | Partnership be | eby elects to be a | "Limited Liabilit | y Limited Partnership.' |
|---|----------------|----------------|--------------------|-------------------|-------------------------|
|---|----------------|----------------|--------------------|-------------------|-------------------------|

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

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

| WA | |
|--|---|
| | |
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| | |
| ffective date, if other than the date of filing: | |
| ffective date cannot be prior to nor more than 90 days a | fler the date this document is filed by the Flarida Department of |
| cate.) ote: If the date inserted in this block does not meet the e | policable statutory filing requirements, this date will not |
| listed as the document's effective date on the Departme | |
| | |
| • | |
| | |
| ignature(s) of a general partner or all genera | ıl pariners*: |
| | · |
| NOTE: Only one current general partner is required to | algn this document unless the limited partnership is adding or |
| NOTE: Only one current general partner is required to emoving a "limited liability limited partnership" election then adding or removing a "limited liability limited partnership" | algn this document unless the limited partnership is adding or statement. Chapter 620, F.S., requires all general partners to sig |
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