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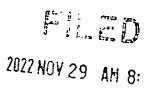
C/ 2/18/2023

COVER LETTER

TO: Registration Section

Division of	Corporations		
SUBJECT:		FAMILY LTD	
1	Name of Florida Limited Par	rtnership or Limited Liabili	ty Limited Partnership
The enclosed Certi	ficate of Amendment a	nd fee(s) are submitted	for filing.
Please return all co	rrespondence concerni	ng this matter to:	
Mitchell E. Alter, Esq			
	Contact Person		
Law Office of Mitchel	l E. Alter		
	Firm/Company		•
9644 Dovetree Isle Dr	ive		•
	Address		
Boynton Beach, Florid	la 33473		
	City, State and Zip Code		
Luke.Alter@gmail.co	•		
0.0	to be used for future annual	report notification)	
For further informa	tion concerning this ma	atter, please call:	
Mitchell Alter		at (305)	776-5779
Name of Con	tact Person		time Telephone Number
Enclosed is a check	for the following amo	unt:	
S52.50 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
Mailing Address:		Street Addr	ess:
Registration Section	n	Registration	Section
Division of Corpora	ations		Corporations
P.O. Box 6327			of Tallahassee
Tallahassee, FL 32.	314		nroe Street, Suite 810
		Tallahassee,	FL 32303

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF



GEI	LLERMAN FA	AMILY LTD.		SEON.
Insert name curr	rently on file v	vith Florida Departn	ent of State	SECH TALL/HASSEE
Pursuant to the provisions of section 620 limited liability limited partnership, who 07/02/1901 07/02/1997 assigned adopts the following certificate of amend	ose certificati igned Florid	e was filed with la document num	the Florida D berA97	Department of State on 1000001461
This amendment is submitted to amend the fo				
A. If amending name, <u>enter the new namhere</u> :	ne of the lim	<u>ited partnership (</u>	or limited liab	ility limited partnership
New name must be	distinguishabl	e and contain an acc	ceptable suffix.	
Acceptable Limited Partnership suffixes: Limited Acceptable Limited Liability Limited Partnership				L.L.L.P. or LLLP.
B. If amending mailing address and/o principal office address here:	or principal	office address,	enter new m	ailing address and/or
New Principal Office Add	ress:	9644 Dovetree Isle		
(Must be STREET address)	_	Boynton Beach, Flo	<u>rida 33473</u>	
New Mailing Address: (May be post office box)		9644 Dovetree Islo Boynton Beach, F		
	_			
C. If amending the registered agent and/or registered agent and/or the new registered			our records, <u>e</u> i	nter the name of the new
Name of New Registered Agent:	Mitchell	E. Alter		
New Registered Office Address:	9644 Do	vetree Isle Drive	1	
		Enter Floric	la street addre.	SS
	Boynton		, 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
Mitchell E. Alter

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>	<u>Name</u>	Address	Type of Action
Gen Part	PEARL GELLERMAN	12831 Coral Lakes Drive Boynton Beach, Florida 33437	_ □ Add □ Remove
Gen Part	DOUGLAS GELLERMAN	22138 Dardenne Street Calabasas. California 91302	_ Add □ Remove
Gen Part	KAREN ALTER	411 S. Lakeview Drive Cross Junction, Virginia 22625	
			□ Add □ Remove
			□ 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 Partne
--

☐ 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, en	ter change(s) here: (Attach additional sheets, if necessary.)
Effective date, if other than the date of filing: (Effective date cannot be prior to nor more than 90 da State.)	November 11, 2022 ys after the date this document is filed by the Florida Department of
	ne applicable statutory filing requirements, this date will not timent of State's records.
Signature(s) of a general partner or all gen	eral partners*:
	to sign this document unless the limited partnership is adding or ion statement. Chapter 620, F.S., requires all general partners to signartnership" election statement.)
Pearl Gellerman	
	· · · · · · · · · · · · · · · · · · ·
Signature(s) of all new or dissociating gene	ral partner(s), if any:
(I) My	Law aller
Douglas Gellerman	Karen Alter
	······································
Filing Fee: \$52.50 Certified Copy (optional): \$52.50	
Certified Copy (optional): \$52.50 Certificate of Status (optional): \$8.75	