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Amendices

MAY 1 9 2020 I ALBRITTON

# **COVER LETTER**

<b>TO:</b> Registration Division of C	Section Corporations				
SUBJECT: G.E.C.C	. FAMILY LIMITED PAI	RTNERSHIP rtnership or Limited Liabilit			
N:	ame of Florida Limited Pa	rtnership or Limited Liabilit	y Limited Partnership		
The enclosed Certif	icate of Amendment a	nd fee(s) are submitted	for filing.		
Please return all cor	respondence concerni	ng this matter to:			
CHRIS GEORGES					
	Contact Person				
G.E.C.C. FAMILY LIN	IITED PARTNERSHIP				
	Firm/Company				
89 WILLOW ST					
	Address	<del>-</del> -			
FAIR HAVEN, NJ 077	04				
-	City, State and Zip Code				
CHRISGEO29@GMA	IL.COM				
E-mail address: (to	be used for future annual	report notification)			
For further informat	ion concerning this m	atter, please call:			
CHRIS GEORGES		at (732 )642-	\642-1788		
Name of Conta	Name of Contact Person		_at ( 732 ) 642-1788 Area Code and Daytime Telephone Number		
Enclosed is a check	for the following amo	ount:			
S52.50 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		
Mailing Address:		Street Addre	ess:		
Registration Section		_	Registration Section		
Division of Corpora	tions	Division of (	The state of the s		
P.O. Box 6327		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810			
Tallahassee, FL 323	14	Tallahassee,	•		
		rananassee,	エルジムスリン		

### CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP **OF**

#### G.E.C.C. FAMILY LIMITED PARTNERSHIP

CERI	IFICATI	E OF AMEND	MIENI	
CERTIFICA	ATE OF	TO LIMITED PAI OF	RTNERSHIP	ted partnership or
G.E.C.C. FAMILY LIMITED PART	MEDCUID			
		le with Florida De	partment of State	
	•			
Pursuant to the provisions of section 62 limited liability limited partnership, who 07/25/1997	ose certificing signed Flood indicate to the control of the contro	cate was filed vorida document its certificate o	with the Florida L number <u>A9700000</u> flimited partners	Department of State on 01642, ship.
New name must be Acceptable Limited Partnership suffixes: Limite Acceptable Limited Liability Limited Partnershi	ed Partnersl	hip, Limited, L.P.,		
B. If amending mailing address and/oprincipal office address here:  New Principal Office Address here		pal office addr	ess, <u>enter new n</u>	nailing address and/or
(Must be STREET address)		Fair Haven, NJ 07704-3521		
New Mailing Address: (May be post office hox)		PO Box 8485 Red Bank, NJ 0	7701	
C. If amending the registered agent and/oregistered agent and/or the new registered agent and/or the new registered Agent:  Name of New Registered Agent:  New Registered Office Address:	d office add	dress here: Georges Ocean Boulevard,		
		Enter F	riorida street addre	288
	Boca R	aton	, 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

D. If amending the general partner(s), <u>enter the name and business address of each general partner being added or removed from our records:</u>

<u>Title</u>	<u>Name</u>	Address	Type of Action	
Partner	Chris Georges	89 Willow St Fair Haven, NJ 07704	_	
Partner	Chrysanthe G. Sawyer	101 W. 79th Street, #5G New York, NY 10024	_ ■ Add □ Remove	
Partner	Thomas Georges	48 Yale Dr. Freehold, NJ 07728	■ Add □ Remove	
	George Georges	500 South Ocean Boulevard #2008 Boca Raton, FL 33432	□ Add ■ Remove	
	Elly Georges	500 South Ocean Boulevard #2008 Boca Raton, FL 33432		

- 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, er	nter change(s) h	ere: (Att	ach addit	ional shee	ts. if necessary.)
TO SUMMARIZE, CHAY	NGES AR	E BE	126	MADE	
TO SUMMARIZE, CHAY	TNERS G	eulue	Geo	RGET	AND
ELLY GEORGES ARE BEINGRE					
CHZIS GEORGET, CHRYSANTHE G	- SALYER	AND	THO	mts	GEOLGE
ARE DESIGNATED AS NEW GENE Effective date, if other than the date of filing	ERA PARTA	IE 25			
Effective date, if other than the date of filing	: MA-Y		2020		
(Effective date cannot be prior to nor more than 90 de State.)	ays after the date (	his docun	ient is file	d by the Flo	orida Department of
Note: If the date inserted in this block does not meet			g requiren	nents, this c	late will not
be listed as the document's effective date on the Depa	artment of State's	records.			
Signature(s) of a general partner or all gen	<u>neral partners</u>	<u>*:</u>			
(*NOTE: Only one current general partner is require	ed to sign this doci	ıment unle	ess the lim	ited partne	rship is adding or
removing a "limited liability limited partnership" elec-	ction statement. C	hapter 620	), F.S., rec		
when adding or removing a "limited liability limited p	bartnership" electi	on stateme	ent.)		
1 list					
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V					
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	_				<del></del>
Signature(s) of all new or dissociating gene	eral partner(s)	, if any:			
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F11 F					
Filing Fee: \$52.50 Certified Copy (optional): \$52.50					
Certificate of Status (optional): \$8.75					