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COVER LETTER

| TO: | Registration S Division of Co | | | | |
|------------------------|---|---|---|--|----------------|
| CHDI | IECT: Seymour l | R. And Joan W. Rosen Fa | mily Partnership, Ltd. | | |
| SOBI | | ne of Florida Limited Part | mership or Limited Liability | Limited Partnership | - |
| The e | nclosed Certific | ate of Amendment ar | nd fee(s) are submitted | for filing. | |
| Please | e return all corro | spondence concernin | g this matter to: | | |
| Seymo | our R. Rosen | | | | ::: |
| | | Contact Person | | | HANSON OF LOOP |
| | · | Firm/Company | | | 77.7 |
| 4591 F | Berklie Drive | | | | . , |
| | | Address | | | .:: |
| Tallah | assee, FL 32308 | | | | |
| | С | ity, State and Zip Code | | | |
| shery | l_rosen@protonma | il.com | <u> </u> | | |
| E | E-mail address: (to | be used for future annual | report notification) | | |
| For fi | arther information | on concerning this ma | atter, please call: | | |
| Shery | l Rosen | | at (850) 408-1 | 3432 | |
| | Name of Contac | t Person | | time Telephone Number | _ |
| Enclo | sed is a check f | or the following amo | unt: | | |
| ☐ \$52 | 2.50 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 | |
| Regis Divis P.O. | ing Address: stration Section ion of Corporate Box 6327 hassee, FL 3231 | | | Section Corporations of Tallahassee aroe Street, Suite 810 | |

CERTIFICATE OF AMENDMENT TOCERTIFICATE OF LIMITED PARTNERSHIP OF

| Seymour R. And Joan W. Rosen Fami | ly Partnership, Ltd. | |
|---|---|--|
| | ently on file with Florida Depa | artment of State |
| Pursuant to the provisions of section 620 limited liability limited partnership, who 09/25/1997, assi adopts the following certificate of amend | se certificate was filed wi gned Florida document re | th the Florida Department of State on umber A97000002068 |
| | | annice partiersarp. |
| This amendment is submitted to amend the fo | - | |
| A. If amending name, enter the new nam here: | e of the limited partnershi | ip or limited liability limited partnership |
| . | | |
| New name must be | distinguishable and contain an | acceptable suffix. |
| Acceptable Limited Partnership suffixes: Limited Acceptable Limited Liability Limited Partnership B. If amending mailing address and/o | o suffixes: Limited Liability Lir | nited Partnership, L.L.L.P. or LLLP. |
| principal office address here: | | ~ |
| New Principal Office Add | | 2023 HAR |
| (Must be STREET address) | | AAR |
| New Mailing Address: (May be post office box) | | 15 PH 2: 3 |
| C. If amending the registered agent and/or registered agent and/or the new registered | r registered office address office address here: | on our records, enter the name of the new |
| Name of New Registered Agent: | Seymour R. Rosen | |
| New Registered Office Address: | 4591 Berklie Drive Enter Fl | lorida street address |
| | Tallahassee | , Florida <u>32308</u> |
| | City | Zip Code |

City

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 Chapting Registered Agent, Signature of 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 |
|-------|---------------|---|-----------------------|
| GP | Joan W. Rosen | 4591 Berklie Drive Tallahassee, FL 32308 | _ |
| | | | _ □ Add _ □ Remove |
| | | | Add Remove Remove |
| | | | Add Remove 25 |
| | | | _ □ 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 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.)

| | | <u></u> | - |
|---|------------------------|-----------------------------------|------------------------------|
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| | | | |
| Effective date, if other than the date | of filing: | | |
| Effective date, if other than the date Effective date cannot be prior to nor more State.) | than 90 days after the | date this document is filed by th | ie Florida Department of |
| Note: If the date inserted in this block does | | | this date will not |
| pe listed as the document's effective date or | n the Department of St | tate s records. | |
| | | | |
| Signature(s) of a general partner o | or all general part | tners*: | |
| *NOTE: Only one current general partner | | | |
| emoving a "limited liability limited partner when adding or removing a "limited liability | | | all general partners to sign |
| P 20 | | | |
| Seymour K. Ross | 20) | | |
| | / | | |
| | | | |
| | | | |
| | | | 71. |
| Signature(s) of all new or dissociat | ting general partn | ner(s), if any: | 44 · |
| , | | | 20 - N |
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| Filing Fee: | §52.50 | | |

March 11, 2023

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Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303
Phone: (850) 245-6051

Re: Amendment to Florida Limited Partnership

Dear Sir or Madam,

Enclosed please find an amendment to the Seymour R. and Joan W. Rosen Family Partnership, Ltd. The amendment removes Joan W. Rosen as general partner and registered agent. She has not signed the amendment because she passed away.

Thank you for your assistance with this filing.

Sincerely, Suymour R. Rosen

Seymour R. Rosen General Partner