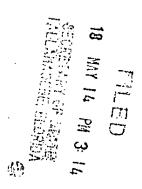
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Office Use Only



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O SIMMONS MAY 1 5 2018

### **COVER LETTER**

Registration Section
Division of Corporations

TO:

SUBJECT: F	RAVE LE	ASING LIMITED PART	TNERSHIP	LLLP		
_	Nan	ne of Florida Limited Par	tnership or	Limited L	iability I	Limited Partnership
The enclosed	Certific	ate of Amendment ar	nd fee(s) a	re subm	itted fo	or filing.
Please return	all corre	spondence concernir	ng this ma	tter to:		
MELANIE B B	ARTON					
		Contact Person				
RAVE LEASIN	G LIMIT	ED PARTNERSHIP LL	LP			
		Firm/Company				
512-516 NOKO	MIS AV	ENUE				
		Address	101.11			
VENICE, FL 34	285					
	Ci	ty, State and Zip Code				
MBARTON@I	RAVERA	D.COM				
E-mail add	ress: (to l	e used for future annual	report notif	ication)		
For further int	formatio	on concerning this ma	atter, pleas	se call:		
MELANIE			at ( <sup>941</sup>		488-77	81
Name of Contact Person			Area Code and Daytime Telephone Number			
Enclosed is a	check fo	or the following amo	unt:			
■ \$52.50 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
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314			

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

Insert name currently on file	e with Florida Dep	artment of State
Pursuant to the provisions of section 620.1202, Flo limited liability limited partnership, whose certific APRIL 16, 2018 , assigned Flor	ate was filed w	ith the Florida Department of State on
adopts the following certificate of amendment to it		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the line	mited partnersh	ip or limited liability limited partnership
New name must be distinguisha	able and contain ar	acceptable suffix.
Acceptable Limited Partnership suffixes: Limited Partnershi Acceptable Limited Liability Limited Partnership suffixes: L		
B. If amending mailing address and/or princip principal office address here:	al office addre	ss, enter new mailing address and/or
New Principal Office Address: (Must be STREET address)		
New Mailing Address: (May be post office box)		
C. If amending the registered agent and/or registenew registered agent and/or the new registered office		ess on our records, enter the name of the
now registered agent and/or the new registered office	e addi ess nere.	
Name of New Registered Agent:		
New Registered Office Address:	Enter F	lorida street address
		, 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), 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
GP	CHARLES J. SAVOCA	512-516 NOKOMIS AVENUE S VENICE, FL 34285	_ ☐ Add ☐ Remove
GP	KIMBERLY RUZEK	512516 NOKOMIS AVE S VENICE, FL 34285	_ ■ Add _ □ Remove
			Add Remove
<del></del>			Add C C Remove C C
<del></del>			_ □Add _ □Remoæ _ □
			_

- 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 infor	mation, enter c	change(s) her	e: (Attach addii	tional sheets, if necessary.)
	*****			
Effective date, if other than the dat (Effective date cannot be prior to nor mor	e of filing: <u> </u>	fter the date thi	is document is file	d by the Florida Department of
State.) Note: If the date inserted in this block doe be listed as the document's effective date				nents, this date will not
Signature(s) of a general partner	or all ganara	l navtnavs*:		事件 舌
(*NOTE: Only one current general partner			-	nited partnership is adding or
removing a "limited liability limited partn when adding or removing a "limited liabil	ership" election s	statement. Cha	pter 620, F.S., re-	
Millo Mil	, 			2 C
				19 E
	<del></del>			
Signature(s) of all new or dissoci	ating general	partner(s),	if any:	
<i></i> .				
Filing Fee:	\$52.50			
Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$8.75			