ATTOOLOG 2814

(F	Requestor's Name)	
(A	ddress)	
(A	ddress)	
(0	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(E	Business Entity Name)	
(E	Ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions t	o Filing Officer:	
<u>L</u>		

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COVER LETTER

Division of	Corporations				
SUBJECT:	Schi	giel Enterprises, L	td.		
1		rtnership or Limited Liabili		p	
The enclosed Certi	ficate of Amendment a	and fee(s) are submitted	l for filing.		
Please return all co	rrespondence concerni	ng this matter to:			
	Dan P. Heller				
	Contact Person				
	Heller Waldman, PL	<u> </u>			
	Firm/Company				
325	0 Mary Street Suite	102			
	Address				
	Miami, Florida 33133	}			-
	City, State and Zip Code			NA NA	-
lis	as@schigielgroup.co	om		TAS I	-
E-mail address: (to be used for future annua	report notification)			
For further information	ation concerning this m	atter, please call:		PH 3: 29 DE'S INTE	
Dan P.	. Heller, Esq.	at (305)	448-4144		
Name of Cor	tact Person		ytime Telephone Num	nber	
Enclosed is a check	k for the following amo	ount:			
\$52.50 Filing Fee	\$61.25 Filing Fee and Certificate of Status	\$105.00 Filing Fee and Certified Copy	\$113.75 Filing Certified Copy, an Certificate of Stat	nd	
STREET ADDRE		MAILING Registration	ADDRESS:		
Division of Corpor		_	Corporations		
Clifton Building		P. O. Box 6			
2661 Executive Ce	nter Circle	Tallahassee	FI 32314		

Tallahassee, FL 32301

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

	nterprises, Ltd.	<u>.</u>
Insert name currently on the	e with Florida Department of State	
Pursuant to the provisions of section 620.1202, F limited liability limited partnership, whose certificate of assigned Floradopts the following certificate of amendment to	cate was filed with the Florida Deprida document number	partment of State on 7000002816
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the here:	imited partnership or limited liabilit	ty limited partnership
New name must be distinguis	able and contain an acceptable suffix.	<u> </u>
Acceptable Limited Partnership suffixes: Limited Partners Acceptable Limited Liability Limited Partnership suffixes:		.L.P. or LLLP.
B. If amending mailing address and/or principal office address here:	pal office address, <u>enter new mai</u>	ling address and/or
New Principal Office Address: (Must be STREET address)		200
New Mailing Address: (May be post office box)		AY -5 F
C. If amending the registered agent and/or regist new registered agent and/or the new registered offi	ered office address on our records,	enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	ip 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.

		egistered Agent

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

<u>Title</u>	Name	Address	Type of Action
	SchigielGP, LLC (FL)	3200 N.W. 77th Court Miami, Florida 33122 FL Doc #L12000035991	_ Add _ Remove
			_ Add Remove
			_
			_ Add _ Remove
			Addition 1

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.)

		 	
ffective date, if other than the da	te of filing		
Effective date cannot be prior to nor mo	ore than 90 days after the date th	is document is filed h	y the Florida Department o
ate.)			
ignature(s) of a general partne	r or all general partners*	<u>:</u>	
*NOTE: Only one current general part			
moving a "limited liability limited part hen adding or removing a "limited liab			res all general partners to si
The Schrig ed Grasp el lange		n statement,	
Minne Pupe	tom		
			
			¥.4. 22
Signature(s) of all new or dissoc		if any:	285
Schiqiel GPIUC		, if any:	2815 MAY
_		, if any:	2815 MAY - S SECOND TAPY PALL MHASSE
_		, if any:	2815 HAY -S PH
_		, if any:	285 HAY -5 PH 3: MERCHASSEE FLORE
_		if any:	
Signature(s) of all new or dissociations of the signature		if any:	3: 2 GRID
_		if any:	3: 2 GRID
_		if any:	3: 2 GRID