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COVER LETTER

TO:	Registration S Division of Co	orporations				
SUBJ	ECT: VI UNITE	ED PROPERTIES LIMIT	ED			
0000	Nan	ne of Florida Limited Part	tnership or I	_imited	Liability	Limited Partnership
The er	nclosed Certific	ate of Amendment ar	nd fee(s) a	re subn	nitted fo	or filing.
Please	return all corre	espondence concernin	ng this mat	iter to:		
MART	IN BUBLEY					
		Contact Person			_	
BUBL	EY & BUBLEY, F	P.A. (Attorneys at Law)			_	
		Firm/Company				
12960	N. DALE MABRY	Y HIGHWAY 			_	
		Address				
TAMP	'A, FLORIDA 336	18			_	
		ity, State and Zip Code				
=	@bubleylaw.com				_	
E.	-mail address: (to b	be used for future annual	report notifi	cation)		
For fu	rther information	on concerning this ma	atter, pleas	e call:		
MART	IN BUBLEY		at (813		963-77	735
	Name of Contac	t Person			nd Daytir	ne Telephone Number
Enclo	sed is a check fo	or the following amou	unt:			
□ \$ 52	.50 Filing Fee	☐\$61.25 Filing Fee and Certificate of Status	□\$ 105.0 and Certi			■\$113.75 Filing Fee, Certified Copy, and Certificate of Status
Regist Divisi P.O. E	ng Address: tration Section on of Corporati Box 6327 tassee, FL 3231			Registr Division The Con 2415 N	entre of I. Monr	

CERTIFICATE OF AMENDMENT
ТО
CERTIFICATE OF LIMITED PARTNERSHIP
OF

VI UNITED PROPERTIES LIMITED

Insert name currently on	file with Florida Department of State
limited liability limited partnership, whose certi	Florida Statutes, this Florida limited partnership or ficate was filed with the Florida Department of State on lorida document number A9800000013 o its certificate of limited partnership.
This amendment is submitted to amend the following	, , ,
	e limited partnership or limited liability limited partnership
New name must be distingui	ishable and contain an acceptable suffix.
Acceptable Limited Partnership suffixes: Limited Partner Acceptable Limited Liability Limited Partnership suffixes	rship, Limited, L.P., LP, or Ltd. s: Limited Liability Limited Partnership, L.L.L.P. or LLLP.
B. If amending mailing address and/or principal office address here:	cipal office address, enter new mailing address and/or
New Principal Office Address:	12209 BRIGHTWATER BOULEVARD
(Must be STREET address)	TEMPLE TERRACE, FLORIDA 33617
New Mailing Address:	12209 BRIGHTWATER BOULEVARD TEMPLE TERRACE, FLORIDA 33617
(May be post office box)	TEMPLE TERRACE, PLORIDA 33017
C. If amending the registered agent and/or registered agent and/or the new registered office a	ered office address on our records, enter the name of the new
Name of New Registered Agent: LOU	JIS P. CALTAGIRONE, SR.
New Registered Office Address: 1220	9 BRIGHTWATER BOULEVARD Futer Florida street address

TEMPLE TERRACE

City

____, Florida <u>33617</u> 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 Thanging 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
	Louis P. Caltagirone. Sr.	12209 Brightwater Boulevard Temple Terrace, Florida 33617	_
	Darlene Caltagirone Ojala	705 Sedgeley Drive Knoxville, Tennessee 37922	
	Philip P. Caltagirone Rev Trust	508 Terrace Hill Drive Temple Terrace, Florida 33617	□ Add
	Jennie Caltagirone Rev Trust	508 Terrace Hill Drive Temple Terrace, Florida 33617	□ 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 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 date of filing:	his decomposition filed by the Florida Department of
gecuve date cannot be prior to nor more than 90 days after the date t ate.)	nis aocument is fued by the ribrial Department of
ote: If the date inserted in this block does not meet the applicable statu	
elisted as the document's effective date on the Department of State's r	ecords.
ignature(s) of a general partner or all general partners	*.
*NOTE: Only one current general partner is required to sign this documenoving a "limited liability limited partnership" election statement. Cl	
emoving a "limited hability limited partificiship" election statement. Cl then adding or removing a "limited liability limited partificiship" election	
1 MADE 5 5	
Tomal Calleyrous A	
	23 A
	: 12
Signature(s) of all new or dissociating general partner(s)	if any:
	A Comment
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ATTUS T. COLJETYSON P	All The lety
	AS TRUSTER OF CHILL PRICA
11/1/1/1/20	
Hallen (al aprior) fale _	REVITBUST
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	- The College
	Az wall a same frameline as 3
	AF TRUSTET OF TENNIDERA
Filing Fee: \$52.50	AF TRUSTEE OF TENNINGHA
Ciling Fee: \$52.50 Certified Copy (optional): \$52.50 Certificate of Status (optional): \$8.75	AFTRUSTET OF TEMMEDIAL