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A. RAMSEY
JUN 127023

COVER LETTER

TO:	Registration S					
	Division of C	•				
CUD		. CAPITAL LLLP				
SUB.	JECT:	me of Florida Limited Par	tnerchin or Limited I	iability	Limited Partnership	
	iNa	ine of Fiorida Enimed Far	the iship of Limited 1	adonity	Ettinica i arthersinp	
The e	enclosed Certific	cate of Amendment a	nd fee(s) are subm	nitted f	or filing.	
Pleas	e return all corr	espondence concernit	ng this matter to:			
DAVII) A. BURNS					
		Contact Person		-		
MCNI	EEL CAPITAL LL	LP	·	_		
22251	S. MACDILL AVE	Firm/Company				
32233	S. MACDILL, AVE	., 8112. 129-220				
		Address		=		
ТАМЕ	A, FL 33629					
		City. State and Zip Code		-		
DBU	RN8@MICFL.CO	•				
	~			-		
Ŀ	t-mail address: (to	be used for future annual	тероп поннеацоп)			
rr		and a superior of the superior	مراد معلمه معلل			
		on concerning this ma	atter, prease cair.	503-17	721	
DAVD	D.A. BURNS		at () - 2025-17	7,51	
-	Name of Conta	ct Person		nd Dayti	me Telephone Number	
Enclo	osed is a check t	for the following amo	unt:			
□ \$ 50	2.50 Filing Fee	□\$61.25 Filing Fee and Certificate of Status	□\$105,00 Filing and Certified Cop		Certificate of Status	
Maili	ing Address:		Street	<u>Addre</u> s	<u>ss:</u>	
Registration Section		Registration Section				
Division of Corporations Division				ision of Corporations		
	P.O. Box 6327 The Centre of Tallahassee					
Talla	hassee, FL 323	14			roe Street, Suite 810	
			Tallaha	assee, F	FL 32303	

CERTIFICATE OF AMENDMENT TO

FILED

CERTIFICATE OF LIMITED PARTNERSHIP 2023 MAR 13 AM 8: 32

MCNEEL CAPITAL LLLP		STATE ASSESSED OF STATE
Insert name currently on file	with Florida Depa	rtment of State
Pursuant to the provisions of section 620.1202, Flo limited liability limited partnership, whose certific DECEMBER 26, 1997, assigned Flor	ate was filed wi	th the Florida Department of State on
adopts the following certificate of amendment to i		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the line	mited partnershi	p or limited liability limited partnership
New name must be distinguisha	able and contain an	acceptable suffix.
Acceptable Limited Partnership suffixes: Limited Partnershi Acceptable Limited Liability Limited Partnership suffixes: L		
B. If amending mailing address and/or 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 registere registered agent and/or the new registered office add		on our records, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Fl	orida 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	44
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	RENE M. WOOD	3225 8. MACDILL. AVE STE. 129-226 TAMPA, FL	_ □ Add □ Remove
			☐ Add ☐ Remove
			☐ 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.)

F. If amending any other inform	nation, enter ch	ange(s) here:	: (Attach additie	onal sheets, if necessary.)
			<u> </u>	
Effective date, if other than the date (Effective date cannot be prior to nor more	e of filing: <u>DECI</u> than 90 days afte	EMBER 31, 20 or the date this	022 document is filed	by the Florida Department of
State.) Note: If the date inserted in this block does be listed as the document's effective date of	s not meet the app on the Department	licable statutor of State's reco	y filing requirent ords.	ents, this date will not
Signature(s) of a general partner	or all general	partners*:		
(*NOTE: Only one current general partner removing a "limited liability limited partner when adding or removing a "limited liability limited liability liabil	ership" election sta	ntement. Chap	ter 620, F.S., requ	ted partnership is adding or nires all general partners to sign
				· · · · · · · · · · · · · · · · · · ·
Signature(s) of all new or dissocia	 nting general p	artner(s), if	any:	
Filing Fee:	\$52.50			
Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$8.75			