

A98000000 336

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

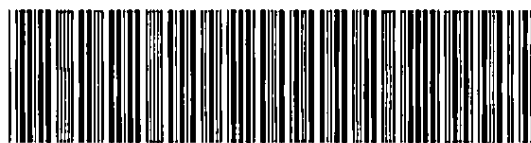
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RECORDS & DOCUMENTS
20 APR -9 PM 2:42

Amend

APR 22 2020

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SZOKI FAMILY Ltd. Partnership #1 dba Casa di Roma apartments
Name of Florida Limited Partnership or Limited Liability Limited Partnership

The enclosed Certificate of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Andrew Szoke
Contact Person
Casa di Roma apartments
Firm/Company
5897 N. Dixie Hwy
Address
Oakland Park Florida 33384
City, State and Zip Code
andrewszoke@bellsouth.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Andrew Szoke at (954) 491 0892
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> \$52.50 Filing Fee | <input type="checkbox"/> \$61.25 Filing Fee and Certificate of Status | <input type="checkbox"/> \$105.00 Filing Fee and Certified Copy | <input type="checkbox"/> \$113.75 Filing Fee, Certified Copy, and Certificate of Status |
|---|---|---|---|

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

20 APR - 9 PM 2:42

FILED
DIVISION OF STATE
CORPORATIONS

**CERTIFICATE OF AMENDMENT
TO
CERTIFICATE OF LIMITED PARTNERSHIP
OF**

SZOKE FAMILY Ltd. Partnership #1 dba. Casa di Roma apartment
Insert name currently on file with Florida Department of State

RECEIVED
20 APR - 9
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FL 32399-0001

Pursuant to the provisions of section 620.1202, Florida Statutes, this Florida limited partnership or limited liability limited partnership, whose certificate was filed with the Florida Department of State on 7-22-29, 1998, assigned Florida document number A98000000336, adopts the following certificate of amendment to its certificate of limited partnership.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited partnership or limited liability limited partnership here:

New name must be distinguishable and contain an acceptable suffix.

Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.

Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.

B. If amending mailing address and/or principal office address, enter new mailing address and/or principal office address here:

New Principal Office Address:
(Must be *STREET* address)

New Mailing Address:
(May be post office box)

C. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida 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>	<u>Address</u>	<u>Type of Action</u>
General partner	Gabriella Szoke	_____ _____	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
General partner	Andrew Szoke Jr.	SZOKE FAMILY LTD PARTNERSHIP # 1 LTD. CASA DI ROMA APARTMENTS 5897 NORTH DIXIE HWY. # 53 OAKLAND PARK, FL. 33334-4103	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
General partner	Kathleen Szoke Jahoda	_____ _____	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____ _____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____ _____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____ _____	<input type="checkbox"/> Add <input type="checkbox"/> 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 information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Effective date, if other than the date of filing: _____
(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Signature(s) of a general partner or all general partners*:

(*NOTE: Only one current general partner is required to sign this document unless the limited partnership is adding or removing a "limited liability limited partnership" election statement. Chapter 620, F.S., requires all general partners to sign when adding or removing a "limited liability limited partnership" election statement.)

Andrew Stork

Signature(s) of all new or dissociating general partner(s), if any:

Gabriella Stork deceased

Karen Stork Judd

Andrew Stork

Andrew Stork

Filing Fee: \$52.50
Certified Copy (optional): \$52.50
Certificate of Status (optional): \$8.75