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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

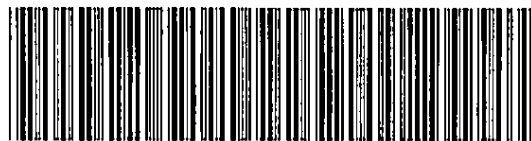
(Business Entity Name)

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ALBRIGHTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THE LLANES FAMILY LIMITED PARTNERSHIP

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:

ARMANDO A. PEREZ, ESQ.

Contact Person

ARMANDO A. PEREZ, ESQ.

Firm/Company

7700 N. KENDALL DRIVE, SUITE 606

Address

MIAMI, FLORIDA 33156

City, State and Zip Code

service@aperezesq.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ARMANDO A. PEREZ, ESQ.

at (305-630-3838)

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$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

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 19, 2021

ARMANDO A. PEREZ, ESQ.
7700 N. KENDALL DRIVE
STE. 606
MIAMI, FL 33156

SUBJECT: THE LLANES FAMILY LIMITED PARTNERSHIP
Ref. Number: A98000001468

We have received your document for THE LLANES FAMILY LIMITED PARTNERSHIP and your check(s) totaling \$113.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by all of the general partners.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist III

Letter Number: 321A00022608

2021 OCT -1 PM 3:35

ARMANDO A. PEREZ, ESQ.

Attorneys and Counselors at Law
Dadeland Square Office Tower
7700 N. Kendall Dr., Suite 606
Miami, Florida 33156
Telephone: (305) 630-3838
Fax: (305) 630-3839
E-mail: service@aperezesq.com
www.aperezesq.com

September 27, 2021

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314
Attn: Irene Albritton

RE: THE LLANES FAMILY LIMITED PARTNERSHIP
REF. NO.: A98000001468

Dear Ms. Albritton:

This will serve to acknowledge receipt of your letter of September 19, 2021, a copy of which is attached hereto.

Please be advised that FRANKLIN A. LLANES, the former general partner that is being removed through the amendment was deceased on August 27, 2021. The Certificate of Amendment removing FRANKLIN A. LLANES as general partner is submitted pursuant to F.S. 620.1603(7)(a), and the applicable provisions of the partnership agreement. A true and correct copy of the Certification of Death issued by the State of Florida Bureau of Vital Statistics is enclosed herewith.

Please proceed with the filing of the Certificate of Amendment listing TAMARA S. LLANES as the new general partner, and please contact this office if any additional clarification is necessary in order to comply with this request.

Thank you for your attention to this matter.

Sincerely,



Armando A. Perez, Esq.

AAP/mbd

CERTIFICATE OF AMENDMENT
TO
CERTIFICATE OF LIMITED PARTNERSHIP
OF

THE LLANES FAMILY LIMITED PARTNERSHIP

Insert name currently on file with Florida Department of State

2021 OCT -1 PM 12:53

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 06/12/1998, assigned Florida document number A98000001468, 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)

13624 N.W. 10th Terrace
Miami, Florida 33182

New Mailing Address:
(May be post office box)

13624 N.W. 10th Terrace
Miami, Florida 33182

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:

TAMARA S. LLANES

New Registered Office Address:

13624 N.W. 10th Terrace

Enter Florida street address

Miami

City

Florida 33182

Zip Code

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:

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
GP	FRANKLIN A. LLANES	10040 S.W. 40 STREET MIAMI, FL 33165	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
GP	TAMARA S. LLANES	13624 N.W. 10th TERRACE MIAMI, FL 33182	<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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

☐ This Limited Partnership hereby elects to be a "Limited Liability Limited Partnership."

☐ This Limited Partnership hereby removes its "Limited Liability Limited Partnership" status.

Page 2 of 3

F. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Effective date, if other than the date of filing: 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.)

x Tamara D. Hens

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

y Tamara D. Hens

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