A98 000001583

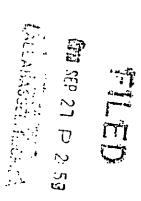
(Re	questor's Name)	-
(Ad	dress)	
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(Cit	y/State/Zip/Phon	ne #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)
Certified Copies	_ Certificate	es of Status
Special Instructions to	Filing Officer:	

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DISTURDS

MURPHY REID, L.L.P.

ATIORNEYS AI LAW

241 Bradley Place, Suite C Palm Beach, Florida 33480 Tel. 561-655-4060 • Fax 561-832-5436 11300 U.S. Highway One, Suite 401 Palm Beach Gardens, Florida 33408 Tel. 561-355-8800 • Fax 561-832-5436 100 Vista Royale Boulevard Vero Beach, Florida 32962 Tel. 772-567-6480 • Fax 772-562-0220

Please respond to Palm Beach Gardens office

mmakhoul@murphyreid.com

September 19, 2018

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

RE: Beck Family Limited Partnership

Florida Document No.: A98000001583

Our file No.: 6449.000

Ladies and Gentlemen:

Enclosed for filing please find a Certificate of Amendment to Certificate of Limited Partnership of Beck Family Limited Partnership which changes the name of the general partner effective June 30, 2018. In addition enclosed you will find our check in the amount of \$52.50 to cover the filing fee.

If you should have any questions regarding the foregoing, do not hesitate to contact me.

Very truly yours.

Mireille M. Makhoul

Florida Registered Paralegal

MireelSINA

/mm Enclosure

COVER LETTER

TO: Registration ! Division of C					
SUBJECT: Beck Far	nily Limited Partnership				
Na Na	me of Florida Limited Part	nership or Limited	Liability Limited	d Partnership	_
The enclosed Certific	cate of Amendment an	d fee(s) are subi	mitted for filir	ng.	
Please return all corr	espondence concernin	g this matter to:			
Frank T. Pilotte, Esq.					
	Contact Person				
Murphy Reid, LLP					
	Firm/Company				
11300 U.S. Highway Or	ne, Suite 401		_		
	Address				
Palm Beach Gardens, Fl	. 33408				
(City, State and Zip Code		_		
nımakhoul@murphyrei			_		
E-mail address: (to	be used for future annual r	eport notification)			
For further informati	on concerning this ma	tter, please call:			
Frank T. Pilotte		_at (355-8800	On the	
Name of Conta-	ct Person		and Daytime Tele	phone Number	—
Enclosed is a check t	for the following amou	int:		SEP 2:	. i
■ \$52.50 Filing Fee	□\$61.25 Filing Fee and Certificate of Status	□\$105.00 Filing and Certified Co	ppy Certifi	3.75 Filing Fee, ied Copy, and U icate of Status	
STREET ADDRES Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 323	ions ter Circle	Regist Divisi P. O. I	LING ADDRI tration Section on of Corpora Box 6327 tassee, FL 321	tions	

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

Insert name currently on	file with Florida Department of State
limited liability limited partnership, whose cert	Florida Statutes, this Florida limited partnership or lificate was filed with the Florida Department of State of lorida document number A98000001583 o its certificate of limited partnership.
This amendment is submitted to amend the following	\mathfrak{g}
A. If amending name, <u>enter the new name of the here</u> :	e limited partnership or limited liability limited partnersh
New name must be distingu	ishable and contain an acceptable suffix.
Acceptable Limited Partnership suffixes: Limited Partne Acceptable Limited Liability Limited Partnership suffixe:	rship, Limited, L.P., LP, or Ltd. v: 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/o
New Principal Office Address:	
(Must be STREET address)	
New Mailing Address: (May be post office box)	SEP 27
C. If amending the registered agent and/or reginew registered agent and/or the new registered of	
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>	Address	Type of Action
GP	George Beck Trustee	112 Island Drive South Ocean Ridge, FL 33435	□ Add ■ Remove
GP	Joan Beck, Trustee	112 Island Drive South Ocean Ridge, FL 33435	
<u>GP</u>	Beck Family, LLC	112 Island Drive South Ocean Ridge, FL 33435	
			□ Add Remove
			Add Add
			Addy 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 info	rmation, enter cl	hange(s) here: (Attach additional sheets, if necessary.)
,		<u> </u>
Effective date, if other than the da	te of filing: June	30, 2018
(Effective date cannot be prior to nor mo State.)	re than 90 days aft	er the date this document is filed by the Florida Department of
		plicable statutory filing requirements, this date will not t of State's records.
Signature(s) of a general partne	r or all general	partners*:
	nership" election st	gn this document unless the limited partnership is adding or atement. Chapter 620, F.S., requires all general partners to sign ship" election statement.)
George Beck, Trustee		Leong Bech Truster
Joan Beck, Trustee		Joan Beck, Truster
Signature(s) of all new or dissoc	iating general j	partner(s), if any:
Beck Family, LLC		
By: Mary E. O'Donnell, Mgr		May & Oslowell, Mys
Filing Fee:	\$52.50	SE SE
Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$8.75	SEP 27 D