## A990000662

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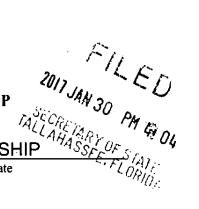
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SECRETARY OF STATE

K. SALY JAN 3 1 2017

## **COVER LETTER**

TO: Registration Section Division of Corporations	
	INO LIMITED PARTNERSHIP nership or Limited Liability Limited Partnership
The enclosed Certificate of Amendment and	
Please return all correspondence concerning	g this matter to:
JOHN S. BOHATCH, ESC	Q
GUTTENMACHER, BOHATCH & PEN. Firm/Company	ARANDA, P.A.
7301 SW 57th Court, Suite	560
Address	
South Miami, FL 33143 City, State and Zip Code	
JBohatch@gbptaxlaw.co	m
E-mail address: (to be used for future annual r	
For further information concerning this man	tter, please call:
JOHN S. BOHATCH, ESQ.	at ( 305 ) 666-1040
Name of Contact Person	Area Code and Daytime Telephone Number
Enclosed is a check for the following amou	int:
\$52.50 Filing Fee and Certificate of Status	\$105.00 Filing Fee and Certified Copy Certified Copy, and Certificate of Status
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

## CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF



## FRANK P. TOPPINO LIMITED PARTNERSHIP

Insert name currently on file with Florida Department of State

Pursuant to the provisions of section 620.1202, Flo limited liability limited partnership, whose certifica  04/23/1999, assigned Flori adopts the following certificate of amendment to it	ate was filed wit ida document nu	th the Florida Department of State on mber <u>A9900000662</u> ,
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the line here:	nited partnership	or limited liability limited partnership
New name must be distinguisha	ble and contain an a	cceptable suffix.
Acceptable Limited Partnership suffixes: Limited Partnership Acceptable Limited Liability Limited Partnership suffixes: Li		
B. If amending mailing address and/or principal office address here:	al office address	s, 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 register new registered agent and/or the new registered office		on our records, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	y4 . s44	*1
	Enter Flo	rida street address
<del></del>	City	, Florida Zip Code

address of each general partner being  Type of Action
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ffective date, if other than the date of	filing:	
ffective date cannot be prior to nor more tha ate.)	n 90 days after the date thi	is document is filed by the Florida Department
·- <b>·</b>		
ignature(s) of a general partner or	ll general partners*:	<u>:</u>
NOTE: Only one current general partner is moving a "limited liability limited partnershiben adding or removing a "limited liability limited liability liability liability limited liability liability limited liab	o" election statement. Cha	ment unless the limited partnership is adding or apter 620, F.S., requires all general partners to a statement.)
Och mo		,
	<del>_</del>	
	<u> </u>	
<u>ignature(s) of all new or dissociatin</u>	general partner(s),	if any:
Janua O Japania		
gran v daysus	<del></del>	
	<u> </u>	
Filing Fee: \$52 Certified Copy (optional): \$52	.50	