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888 SE 3⁸⁰ Ave., Suite 500 Fort Lauderdale, Florida 33316 Ph: (954) 767-6333/Fax: (954) 767-8111 1420 CELEBRATION BOULEVARD, SUITE 200 CELEBRATION, FLORIDA 34747 Ph; (321) 939-1100/Fax; (321) 939-1111

ATTORNEYS:

DAMASO W. SAAVEDRA (AV RATED) ALLYSON D. GOODWIN CAITLIN J. BRONSTEIN ROSS D. KULBERG (AV RATED) GLEN M. LINDSAY (AV RATED) ATTORNEYS LICENSED IN: FLORIDA CONNECTICUT WASHINGTON, D.C.

OF COUNSEL:

RANDOLPH M. BROMBACHER (AV RATED) MARIO THOMAS GABOURY L. FORREST OWENS IBOARD CERTIFIED IN AVIATION LAW) SENDER'S E-MAIL ADDRESS: chronstein@saavlaw.com

January 5, 2022

VIA FEDERAL EXPRESS

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

Re:

Certificate of Amendment to Certificate of Limited Partnership

Entity Name: The Hvatt Family Limited Partnership

New Entity Name: The Hyatt Family LLLP

Document Number: A99000001866

Dear Sir/Madam:

Enclosed please find an executed copy of the Certificate of Amendment to Certificate of Limited Partnership of The Hyatt Family Limited Partnership for processing and filing. Also enclosed is our check in the amount of \$52.50 payble to Florida Department of State for payment of the filing fee for this amendment.

Please call my office directly at (954) 767-6333 if there are any questions. Thank you for your prompt attention to this matter.

Sincerely,

Saavedra - Goodwin

Ross D. Kulberg

For the Firm

Enc.

COVER LETTER

TO: Registration Division of (Section Corporations				
SUBJECT: THE HY	YATT FAMILY LIMITEI	D PARTNERSHIP			
	ame of Florida Limited Pa	artnership or Limited Liabili	ty Limited Partnership		
The enclosed Certifi	icate of Amendment a	and fee(s) are submitted	for filing.		
Please return all cor	respondence concerni	ng this matter to:			
Ross Kulberg, Esq.					
	Contact Person				
Saavedra-Goodwin					
	Firm/Company	<u> </u>			
888 SE 3rd Avenue, Su	ite 500				
	Address				
Fort Lauderdale, FL 333	316				
(City, State and Zip Code				
dpazo@saavlaw.com					
E-mail address: (to	be used for future annual	report notification)			
For further informati	ion concerning this m	atter, please call:			
Deanna Pazo		at (954) 767-6333			
Name of Conta	ct Person		time Telephone Number		
Enclosed is a check	for the following amo	unt:			
☑ \$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:		Street Addre	ess:		
Registration Section		Registration Section			
Division of Corporat P.O. Box 6327	ions	Division of C			
P.O. Box 6327 Tallahassee, FL 3231	14		The Centre of Tallahassee		
randid300, 1 D 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

THE HYATT FAMILY LIMITED PARTNERS	HIP
Insert name currently on fi	e with Florida Department of State
limited liability limited partnership, whose certifi	lorida Statutes, this Florida limited partnership or cate was filed with the Florida Department of State on rida document number A99000001866 its certificate of limited partnership.
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the li</u> here:	imited partnership or limited liability limited partnership
THE HYATT FAMILY LLLP	
New name must be distinguish	able and contain an acceptable suffix.
Acceptable Limited Partnership suffixes: Limited Partnersh Acceptable Limited Liability Limited Partnership suffixes: I	Limited Liability Limited Partnership, L.L.L.P. or LLLP.
principal office address here:	oal office address, 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	d office address on our records, enter the name of the new less berg:
Name of New Registered Agent:	
New Registered Office Address:	202
	Enter Florida street address
	, Florida

New Registered Agent's Signature, if changing Registered Agent:

		If Changing Registered Age	nt, Signature of New Registers			
mandina	the conount posts and	and the same of th				
f amending the general partner(s), <u>enter the name and business address of each general partne</u> d or removed from our records:						
<u>itle</u>	<u>Name</u>	Address	Type of Action			
			☐ Remove			
			Remove			
						
			☐ Add☐ Remove			

(NOTE: If adding or removing" limited liability limited partnership" status, all general partners must sign this amendment.)

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

F. If amending any other inf	ormation, ente	r change(s)	here: (Attach add	itional sheets, if necessary.)
		 .		
				
Effective date, if other than the d	ate of filing:_	January 5,	2022	
(Effective date cannot be prior to nor m State.) Note: If the date inserted in this block d be listed as the document's effective date	oes not meet the	applicable sta	nutory filing require	
Signature(s) of a general partne	er or all gener	al partner	<u>s*:</u>	
(*NOTE: Only one current general par removing a "limited liability limited par when adding or removing a "limited liab	inership" election	statement (Chanter 620 FS re	nited partnership is adding or quires all general partners to sig
Mil & Hypt.	THE STATE OF THE S	-	Patti	R. Hyatt
Gilbert E. Hýatt, III		_	Patti R/Hyatt	
		_		
Signature(s) of all new or dissoc	iating genera	- l partner(s), if any:	
			<u>A </u>	
		_		
		-		
	<u></u>	_		
		_		
Filing Fee:	\$52.50			
Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$8.75			