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(Re	equestor's Name)	
(Ad	ldress)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

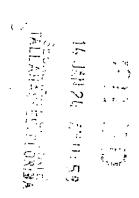
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: NORMA LEVINE F	AMILY LIMITED PARTNERSHIP
	tnership or Limited Liability Limited Partnership
The enclosed Certificate of Amendment ar	nd fee(s) are submitted for filing.
Please return all correspondence concernir	ng this matter to:
Tanya Garcia Vega, Esc	1.
430000	D.A.
Jonathan H. Green & Assoc Firm/Company	. P.A.
• •	
799 Brickell Plaza Suite 7	700
Address	
Miami, FL 33131	
City, State and Zip Code	
tgv@jhglaw.com	
E-mail address: (to be used for future annual	report notification)
For further information concerning this ma	atter, please call:
Tanya Garcia Vega	at (305) 372-5100
Name of Contact Person	Area Code and Daytime Telephone Number
Enclosed is a check for the following amou	int:
\$52.50 Filing Fee S61.25 Filing Fee and Certificate of Status	\$105.00 Filing Fee and Certified Copy Certificate of Status
STREET ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P. O. Box 6327
2661 Executive Center Circle	Tallahassee, FL 32314
Tallahassee, FL 32301	



CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

Norma Levine Fai			
Insert name currently on f	ile with Florida Depar	tment of State	
Pursuant to the provisions of section 620.1202, F limited liability limited partnership, whose certif	icate was filed wit orida document nu	h the Florida Department of State of Market A9900001881	n ,
adopts the following certificate of amendment to	its certificate of I	imited partnership.	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the here:	<u>limited partnershi</u> j	or limited liability limited partners	<u>ıip</u>
New name must be distinguis	hable and contain an	acceptable suffix.	-
Acceptable Limited Partnership suffixes: Limited Partners Acceptable Limited Liability Limited Partnership suffixes:			
B. If amending mailing address and/or principal office address here:	ipal office addres	s, enter new mailing address and/	<u>or</u>
New Principal Office Address: (Must be STREET address)		5.3 3.7 202 2	
New Mailing Address: (May be post office box)		77 77 77 77 77 77 77 77 77 77 77 77 77	
C. If amending the registered agent and/or regist new registered agent and/or the new registered offi		s on our records, enter the name of	the
Name of New Registered Agent:			
New Registered Office Address:	Enter Flo	rida street address	
	Cit	, 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>	Name	Address	Type of Action
<u>GP</u>	HOWARD LEVINE	2388 NW 150 ST OPA LOCKA, FL 33054	Add Remove
<u>GP</u>	NORMA LEVINE	4305 Diamond Row Weston, FL 33331 (deceased)	Add Remove
<u>GP</u>	MARNEY TOKAR	2388 NW 150 ST OPA LOCKA, FL 33054	Add Remove
			_
			Add 3
			Add 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 Limite	ed 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.)

	
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 file State.)	d by the Florida Department o
Signature(s) of a general partner or all general partners*:	
(*NOTE: Only one current general partner is required to sign this document unless the lin	nited partnership is adding or
removing a "limited liability limited partnership" election statement. Chapter 620, F.S., recovered a "limited liability limited partnership" election statement.)	quires all general partners to si
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may Lwin	
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Swaffwing	
Signature(s) of all new or dissociating general partner(s), if any:	
Signature(s) of all new or dissociating general partner(s), if any: May	16 JAN 26 SELARUS
Signature(s) of all new or dissociating general partner(s), if any: Mary Hart	TALLARY SECTION OF THE PROPERTY OF THE PROPERT
Signature(s) of all new or dissociating general partner(s), if any: May Dissociating general partner(s), if any: May Dissociating general partner(s), if any:	16 JAN 26 1210 (
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