

BOS 000 000 481

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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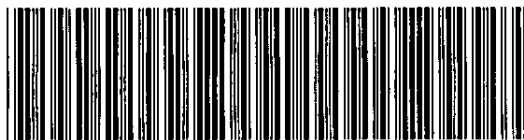
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/30/15--01001--003 **61.25

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Gs - Showing Name Change
LP Amendment

1.

Kyrle Eleison Family Limited Partnership
(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

AMENDFOREIGNLPskd
KYRIEAMENDskd

FILED

2015 SEP 29 AM 8:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**AMENDMENT TO CERTIFICATE OF AUTHORITY
FOR
FOREIGN LIMITED PARTNERSHIP
OR
LIMITED LIABILITY LIMITED PARTNERSHIP**

1. The name of the limited partnership or limited liability partnership as it appears on the records of the Florida Department of State is:

Kyrie Eleison Family Limited Partnership

2. Document Number of Foreign Limited Partnership or Limited Liability Partnership: B05000000481
3. The jurisdiction of its formation is: Nevada
4. The date the entity was authorized to transact business in Florida is: November 2, 2005
5. If the amendment changes the name of the limited partnership or limited liability limited partnership, enter the new name:

Kyrie Eleison, LLLP


6. If the amendment is to add or delete an election to be a limited liability limited partnership statement, check the appropriate box:

(☒) The entity elects to be a limited liability limited partnership

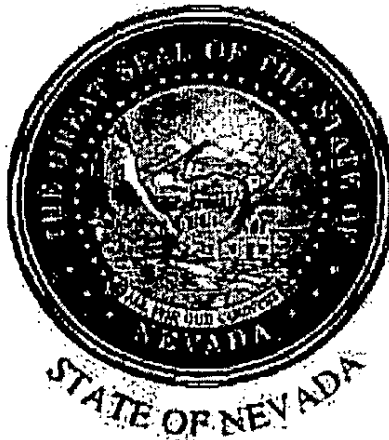
(☐) The entity is no longer a limited liability limited partnership

10. Attached is an original certificate, no more than ninety (90) days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.
11. The effective date of this filing shall be the date of filing of this document with the Florida Secretary of State.

Date: September 28, 2015


Mary E. Schmieder, General Partner

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, BARBARA K. CEGAVSKE, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **KYRIE ELEISON, LLLP**, as a limited partnership duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since October 19, 2005, and is in good standing in this state.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on September 17, 2015.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certified By: Heather Christensen
Certificate Number: C20150916-0554
You may verify this certificate
online at <http://www.nvsos.gov/>

STATE OF NEVADA

BARBARA K. CEGAVSKE
Secretary of State



JEFFERY LANDERFELT
Deputy Secretary
for Commercial Recordings

OFFICE OF THE
SECRETARY OF STATE

Certified Copy

September 17, 2015

Job Number: C20150916-0554
Reference Number: 00010075928-02
Expedite:
Through Date:

The undersigned filing officer hereby certifies that the attached copies are true and exact copies of all requested statements and related subsequent documentation filed with the Secretary of State's Office, Commercial Recordings Division listed on the attached report.

Document Number(s)	Description	Number of Pages
20140651738-17	Certificate of Registration	1 Pages/1 Copies



Respectfully,

Handwritten signature of Barbara K. Cegavske in cursive script.

BARBARA K. CEGAVSKE
Secretary of State

Certified By: Heather Christensen
Certificate Number: C20150916-0554
You may verify this certificate
online at <http://www.nvsos.gov/>

Commercial Recording Division
202 N. Carson Street
Carson City, Nevada 89701-4201
Telephone (775) 684-5708
Fax (775) 684-7138

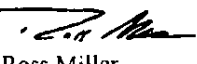


ROSS MILLER
Secretary of State
204 North Carson Street, Suite 1
Carson City, Nevada 89701-4520
(775) 684-5708
Website: www.nvsos.gov



080302

**Certificate of Registration
of a Limited-Liability
Limited Partnership**
(PURSUANT TO NRS CHAPTER 88)

Filed in the office of  Ross Miller Secretary of State State of Nevada	Document Number 20140651738-17 Filing Date and Time 09/08/2014 9:03 AM Entity Number E0708832005-3
--	--

USE BLACK INK ONLY - DO NOT HIGHLIGHT

ABOVE SPACE IS FOR OFFICE USE ONLY

Certificate of Registration of a Nevada Limited-Liability Limited Partnership
(Pursuant to NRS Chapter 88)

1. Name of the Limited-Liability Limited Partnership:

KYRIE ELEISON, LLLP

2. Name of the Nevada Limited Partnership registering to become the Limited-Liability Limited Partnership:

KYRIE ELEISON FAMILY LIMITED PARTNERSHIP

3. Street address of the Principal Office:

906 PARK AVENUE

Street Address

ORANGE PARK

City

FL

State

32073

Zip Code

4. Registered Agent for Service of Process: (check one box only)



Commercial Registered Agent: CHQ INCORPORATED

Name



Noncommercial Registered Agent
(name and address below)

OR



Office or Position with Entity
(name and address below)

Name of Noncommercial Registered Agent OR Name of Title of Office or Other Position with Entity

Street Address

City

Nevada

Zip Code

Mailing Address (if different from street address)

City

Nevada

Zip Code

5. Name and Business Address of each initial General Partner:*

MARY E. SCHMIEDER

Name

P.O. BOX 70477

Business Address

LAS VEGAS

City

NV

State

89119

Zip Code

Name

Business Address

City

State

Zip Code

6. Name, Business Address and Signature of each Organizer executing the certificate:*

I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge the pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State

MARY E. SCHMIEDER

Name

Organizer Signature

P.O. BOX 70477

Business Address

LAS VEGAS

City

NV

State

89119

Zip Code

7. The certificate has been executed by the vote necessary to amend the partnership agreement. The limited partnership hereafter will be a registered limited-liability limited partnership.

8. I hereby accept appointment as Registered Agent for the above named Entity.

X

Authorized Signature of Registered Agent or On Behalf of Registered Agent Entity

Date

AUG 21 2014

*attach a plain 8 1/2" x 11" sheet to list additional names and addresses.

Filing Fee: \$100.00

Nevada Secretary of State NRS 88 D LLP Registration
Revised: 6-27-13