

9/27/23, 6:24 PM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet
B12000000042

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(((H23000340582 3)))



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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : DUANE MORRIS LLP
Account Number : 119990000059
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Fax Number : (305)397-2683

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TALLAHASSEE, FL

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: slrplastic@aol.com

LP/LLP AMENDMENT/RESTATEMENT/CORRECTION
THE CINELLI FAMILY LIMITED PARTNERSHIP

Certificate of Status	0
Certified Copy	1
Page Count	-03 08
Estimated Charge	\$105.00

*resubmitting after registration of General Partner; copy attached

NY Good Standing Certificate and certified copy of NY Certificate of Amendment included herewith.
Filing in conjunction with Fax Audit No. H23000340586 - Registered Agent Change

Electronic Filing Menu

Corporate Filing Menu

Help

S. ROBERTS

FEB 28 2024

H23000340582

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

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

THE CINELLI FAMILY LIMITED PARTNERSHIP

2. Document Number of Foreign Limited Partnership or Limited Liability Limited Partnership:

812000000042

2. The jurisdiction of its formation is: NEW YORK

3. The date the entity was authorized to transact business in Florida is: 02-20-2012

4. If the amendment changes the name of the limited partnership or limited liability limited partnership, enter the new name:

Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.

Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP

(If name unavailable in Florida, enter alternate name adopted for the purpose of transacting business in Florida.)

5. If the amendment changes the general partner(s), list the name and business address of each general partner:

Name:

Business Address:

PETER B. CINELLI

3430 GALT OCEAN DRIVE STE

☐ Add

FT LAUDERDALE, FL 33308

☒ Remove

☐ Change

MICHAEL LIPUMA

3430 Galt Ocean Dr., Ste. 1711

☐ Add

Ft. Lauderdale, FL 33308

☒ Remove

☐ Change

THE PETER B. CINELLI, MD
REVOCABLE TRUST

3430 Galt Ocean Dr., Ste. 1711

☒ Add

Ft. Lauderdale, FL 33308

☐ Remove

☐ Change

☐ Add

☐ Remove

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☐ Add

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6. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

7. If the amendment corrects any false statement listed in the application, indicate the statement being corrected and the correction:

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

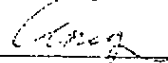
- ☐ The entity elects to be a limited liability limited partnership.
- ☐ The entity is no longer a limited liability limited partnership.

9. Attached is an original certificate, no more than 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.

10. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Signature of a general partner:



Typed or printed name:

William Gazer, Trustee of Peter B. Curreli, M.D. Revocable Trust, General Partner

Filing Fee: \$52.50
Certified Copy (optional): \$52.50
Certificate of Status (optional): \$8.75

H23000340582

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, ROBERT J. RODRIGUEZ, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name: THE CINELLI FAMILY LIMITED PARTNERSHIP
DOS ID Number: 2334503
Entity Type: DOMESTIC LIMITED PARTNERSHIP
Entity Status: EXISTING
Date of Initial Filing with DOS: 01/13/1999

No information is available from this office regarding the financial condition, business activity or practices of this entity.



WITNESS my hand and official seal of the Department of State,
at the City of Albany, on September 26, 2023 at 05:47 P.M.

ROBERT J. RODRIGUEZ, Secretary of State

By Brendan C. Hughes
Executive Deputy Secretary of State