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SECRETARY OF STATE

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COVER LETTER

TO: Registration S Division of Co					
SUBJECT: G	REEN LINDS	EY, LP ership or Limited Liability			
Nar	ne of Florida Limited Partn	ership or Limited Liability	Limited Partnership		
The enclosed Certificate of Amendment and fee(s) are submitted for filing.					
Please return all corre	espondence concerning	this matter to:			
LECH DOI	MINSKI				
GREEN LI	Firm/Company	<u>. </u>			
	-				
20283 5	TATE ROAD 7 Address				
BOCA RA	TON, FL 334 City, State and Zip Code	98			
C	ity, State and Zip Code				
dlech e oreenlindseylp.com					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
LECH DO	MINSKI	_at (_702_)_3	37-5802		
Name of Conta	ct Person	Area Code and Dayti	ime Telephone Number		
Enclosed is a check for the following amount:					
፟፟≸\$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		
STREET ADDRES	SS:	MAILING A	ADDRESS:		
Registration Section		Registration Section			
Division of Corporations		Division of Corporations P. O. Box 6327			
Clifton Building P. O. Box 6327 2661 Executive Center Circle Tallahassee, FL 32314					
Tallahassee, FL 323		- 41,41105550,			

CERTIFICATE OF AMENDMENT

FILED

CERTIFICATE OF LIMITED PARTNERSHIP 18DEC -3 PM 1:53

GREEN LINDSE	Y, LP	SECRETARY OF STATE TALLAHASSEE_FL
Insert name currently on file	with Florida Depart	ment of State
Pursuant to the provisions of section 620.1202, Florimited liability limited partnership, whose certific 09/17/2018, assigned Floridopts the following certificate of amendment to in	ate was filed with ida document nui	mber <u>B 18 000 000 2 5 5</u> ,
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the lin</u> here:	mited partnership	or limited liability limited partnership
New name must be distinguished	able and contain an a	ecceptable suffix.
Acceptable Limited Partnership suffixes: Limited Partnersh Acceptable Limited Liability Limited Partnership suffixes: L	limited Liability Lim	ited Parinership, L.L.L.P. or LLLF.
B. If amending mailing address and/or princip principal office address here:	oal office addres	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 registerew registered agent and/or the new registered office	ered office addres e <u>e address here</u> :	s on our records, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	Enter Flo	prida street address
		, Florida
	City	Zip Code

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

		If Changing Registered Agent, Signat	ure of New Registere
		h business address of o	ach general nari
f amending the general partner(s), <u>enter the name and business address of each general part</u> dor removed from our records:			
<u>tle</u>	<u>Name</u>	Address	Type of Action
φ	KENNETH D. GREEN	20183 STATE ROAD 7 BOCA RATON, FL 33498	_ □ Add _ ☑ Remove
-			_
			_ □ Add □ Remove
			_
			□ Add □ Remove

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

F. If amending any other information, enter	r change(s) here: (Attach additional sheets, if necessary.)
Effective date, if other than the date of filing:	after the date this document is filed by the Florida Department of
State.) Note: If the date inserted in this block does not meet the be listed as the document's effective date on the Department.	applicable statutory filing requirements, this date will not nent of State's records.
Signature(s) of a general partner or all general	ral partners*:
/*NOTE: Only one current general partner is required t	to sign this document unless the limited partnership is adding or on statement. Chapter 620, F.S., requires all general partners to sign
LECH DOMINSKI	Com
LECH DOMINSKI WILLIAM A. LINDSEY, IV	Will AlfIV
Signature(s) of all new or dissociating gener	al partner(s), if any:
KENNETH D. GREEN	Denneth Gen
Filing Fee: \$52.50 Certified Copy (optional): \$52.50 Certificate of Status (optional): \$8.75	