SIGNATURE:		
	Electronic Signature of Registered Agent	
General Partn	er Detail :	
Document #		Document #

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

OIGNATORE.			
	Electronic Signature of Registered Agent		
General Partner Detail :			
Document #		Document #	

Document #	ocument #		Document #	
Name	CAMACHO, MIRTHA ATRUSTEE	Name	CAMACHO, JORGE	
Address	6233 NORTH UNIVERSITY DRIVE	Address	6233 NORTH UNIV	
City-State-Zip:	TAMARAC FL 33321	City-State-Zip:	TAMARAC FL 333	

# **Current Mailing Address:**

6233 NORTH UNIVERSITY DRIVE

PARTNERSHIP

TAMARAC, FL 33321

6233 NORTH UNIVERSITY DRIVE TAMARAC, FL 33321 US

**Current Principal Place of Business:** 

# FEI Number: 46-1665316

#### Name and Address of Current Registered Agent:

CAMACHO, MIRTHA A 6233 NORTH UNIVERSITY DRIVE TAMARAC, FL 33321 US

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a general partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

# SIGNATURE: MIRTHA CAMACHO

Electronic Signature of Signing General Partner Detail

Entity Name: THE CAMACHO FAMILY LIMITED LIABILITY LIMITED

# FILED Apr 24, 2022 Secretary of State 6926535950CC

Date

Certificate of Status Desired: No

E STRUSTEE VERSITY DRIVE City-State-Zip: TAMARAC FL 33321

TRUSTEE

04/24/2022

Date