

A01000001549

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

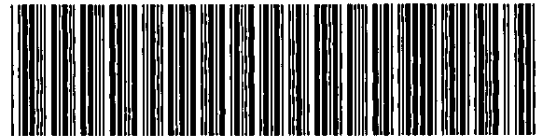
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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400242991054

05/29/13--01003--005 \*\*3396.25

400242991054  
02/05/13--01001--010 \*\*1656.25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2013 JUL 30 PM 3: 21

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JUL 31 2013

D. BRUCE



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 29, 2013

TANYA LUTTINGER  
126 PEACHTREE LANE  
BRATTLEBORO, VT 05301

SUBJECT: THE LUTTINGER LIMITED PARTNERSHIP, LLLP  
Ref. Number: A01000001549

The total amount due is \$5052.50.

We have received your document for THE LUTTINGER LIMITED PARTNERSHIP, LLLP and your check(s) totaling \$5052.50 of which \$5052.50 has been applied to file the other document(s)-leaving a balance of \$1640.00 to file this document. However, the document has not been filed and is being retained in this office for the following:

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 713A00013345

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TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 8, 2013

TANYA LUTTINGER  
126 PEACHTREE LANE  
BRATTLEBORO, VT 05301

SUBJECT: THE LUTTINGER LIMITED PARTNERSHIP, LLLP  
Ref. Number: A01000001549

We have received your document for THE LUTTINGER LIMITED PARTNERSHIP, LLLP and your check(s) totaling \$1656.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please accept our apology for failing to mention this in our previous letter.

The total amount due to reinstate is \$5000.00.

A general partner must sign the document.

Please return your document, along with a copy of this letter, within 60 days your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 813A00008154

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TALLAHASSEE, FLORIDA

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4/1/2013

To Deborah Bruce, Regulatory Specialist, Florida Dept. of State,

Please find enclosed the Certificate of Amendment to the Certificate of Limited Partnership for the Luttinger Limited Partnership, LLLP.

As we discussed, I gathered the signatures of the four partners and our new registered agent on the Certificate of Limited Liability Limited Partnership form that was previously sent to me. Please use these signatures to confirm the amendments.

Also, we mailed a check with our initial reinstatement form in the amount of \$1656.25. If there is a refund due, please make that to Luttinger Limited Partnership and mail to 126 Peachtree Lane, Brattleboro, VT 05301. If more is due, please call us at 802 254 3353 or send a letter to the VT address.

I have enclosed all of the forms that I have completed to date in case they are needed.

Thank you,

*BEN JAMES*

Ben James  
Spouse of Tanya Luttinger

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TALLAHASSEE FLORIDA

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** The Luttinger Limited Partnership, LLLP  
Name of Florida Limited Partnership or Limited Liability Limited Partnership

The enclosed Certificate of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Tanya Luttinger  
Contact Person

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Firm/Company

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126 Peachtree Lane  
Address

---

Brattleboro, VT 05301  
City, State and Zip Code

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bjames@hilltopmontessori.org  
E-mail address: (to be used for future annual report notification)

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 TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Ben James at ( 802 ) 258-0277  
Name of Contact Person Area Code and Daytime 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 ADDRESS:**  
 Registration Section  
 Division of Corporations  
 Clifton Building  
 2661 Executive Center Circle  
 Tallahassee, FL 32301

**MAILING ADDRESS:**  
 Registration Section  
 Division of Corporations  
 P. O. Box 6327  
 Tallahassee, FL 32314

**CERTIFICATE OF AMENDMENT  
TO  
CERTIFICATE OF LIMITED PARTNERSHIP  
OF**

The Luttinger Limited Partnership, LLLP

Insert name currently on file with Florida Department of State

Pursuant to the provisions of section 620.1202, Florida Statutes, this Florida limited partnership or limited liability limited partnership, whose certificate was filed with the Florida Department of State on 11/26/2001, assigned Florida document number A01000001549, adopts the following certificate of amendment to its certificate of limited partnership.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited partnership or limited liability limited partnership here:**

New name must be distinguishable and contain an acceptable suffix.

*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.*

**B. If amending mailing address and/or principal office address, enter new mailing address and/or principal office address here:**

New Principal Office Address:  
(Must be STREET address)

126 Peachtree Lane  
Brattleboro, VT 05301

New Mailing Address:  
(May be post office box)

126 Peachtree Lane  
Brattleboro, VT 05301

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TALLAHASSEE FLORIDA

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**C. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Gail Kurman

New Registered Office Address:

5124 Higel Ave

*Enter Florida street address*

Sarasota

Florida

34242

*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.*

*Paul Kuman*

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	<u>Tanya Luttinger</u>	<u>126 Peachtree Lane</u> <u>Brattleboro, VT 05301</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
_____	<u>Amy Luttinger</u>	<u>428 Ferson Ave</u> <u>Iowa City, IA 52246</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
_____	<u>Nina Luttinger</u>	<u>569 Capp St</u> <u>San Francisco, CA 94110</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
_____	<u>Karl Lutliner</u>	<u>140 Kadman Plaza East 4E</u> <u>Brooklyn, NY 11201</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

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 FLORIDA

**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 Limited 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.)**

F. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Please note signatures of Registered Agent and Partners on enclosed Certificate of LLLP form.

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 filed by the Florida Department of State.)*

**Signature(s) of a general partner or all general partners\*:**

(\*NOTE: Only one current general partner is required to sign this document unless the limited partnership is adding or removing a "limited liability limited partnership" election statement. Chapter 620, F.S., requires all general partners to sign when adding or removing a "limited liability limited partnership" election statement.)

Mitting \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signature(s) of all new or dissociating general partner(s), if any:**

see attached form \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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