## A03000001271

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(Address)				
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	City/State/Zip/Phone #)			
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(	Business Entity Name)			
(	Document Number)			
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**EXAMINER** 



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50 North Laura Street Suite 2500 Jacksonville, Florida 32202-3646

www.akerman.com

904 798 3700 tel 904 798 3730 fax 904 634 1690 31st floor fax

Randal C. Fairbanks 904 598 8643 direct tel 904 598 3963 direct fax randal.fairbanks@akerman.com

November 12, 2008

Division of Corporations Amendment Section P.O. Box 6327 Tallahassee, FL 32314

KTP Land, Ltd. (Margaret Okonkwo, General Partner)

Gentlemen:

Re:

Enclosed please find original Certificate of Amendment to Certificate of Limited Partnership of KTP Land, Ltd., changing the name of this entity to KTP Land, LLLP.

Also enclosed is a check in the amount of \$105.00 for your filing fee and certified copy. A return envelope for the certified copy is enclosed for your convenience.

Very truly yours,

ane C. Odjakjian, Legal Assistant

4to Randal C. Fairbanks

RCF: jco Enclosures

## COVER LETTER

(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:  Randal C. Fairbanks  (Contact Person)  AKERMAN SENTERFITT  (Firm/Company)  50 N. Laura Street, Suite 2500  (Address)  Jacksonville, FL 32202  (City, State and Zip Code)  For further information concerning this matter, please call:  Randal Fairbanks  (Name of Contact Person)  (Name of Contact Person)  Enclosed is a check for the following amount:  \$\Begin{array} \text{S52.50 Filing Fee} & \Begin{array} \text{\$\$\sum{\$\$\color{1}\colo	TO: Registration S Division of C					
Please return all correspondence concerning this matter to:  Randal C. Fairbanks (Contact Person)  AKERMAN SENTERFITT (Firm/Company)  50 N. Laura Street, Suite 2500 (Address)  Jacksonville, FL 32202 (City, State and Zip Code)  For further information concerning this matter, please call:  Randal Fairbanks at ( 904 ) 798-3700 (Name of Contact Person) (Name of Contact Person)  Enclosed is a check for the following amount:  \$\Begin{array} \text{S52.50 Filing Fee} & \$\\$61.25 \text{Filing Fee} \text{and Certified Copy} & \$\text{Certified Copy, and Certificate of Status} \end{array}  STREET ADDRESS:  Registration Section  **Randal C. Fairbanks (Contact Person)    \$\Text{All ING ADDRESS:} \\ \text{Registration Section}  **Registration Section	SUBJECT:(Nar	KTP Land ne of Florida Limited Part	, Ltd. tnership or Limited Liability	y Limited Partnership)		
Randal C. Fairbanks  (Contact Person)  AKERMAN SENTERFITT  (Firm/Company)  50 N. Laura Street, Suite 2500 (Address)  Jacksonville, FL 32202 (City, State and Zip Code)  For further information concerning this matter, please call:  Randal Fairbanks at ( 904 ) 798-3700 (Name of Contact Person) (Area Code and Daytime Telephone Number)  Enclosed is a check for the following amount:  \$\Begin{array} \text{S52.50 Filing Fee} & \$\Begin{array} \text{s61.25 Filing Fee} & \text{and Certificate of Status} \end{array}  MAILING ADDRESS:  Registration Section	The enclosed Certific	ate of Amendment ar	nd fee(s) are submitted	for filing.		
City, State and Zip Code	Please return all corre	espondence concernin	ng this matter to:			
City, State and Zip Code	Randal C. Fairbanks			TALL OF ME		
City, State and Zip Code		(Contact Person)				
City, State and Zip Code	AKERMAN SENTEREI	TT		100 F E		
City, State and Zip Code						
City, State and Zip Code	<b>50.44</b> 1					
City, State and Zip Code	50 N. Laura Street, Su					
City, State and Zip Code		(Address)				
(City, State and Zip Code)  For further information concerning this matter, please call:  Randal Fairbanks at ( 904 ) 798-3700 (Name of Contact Person) (Area Code and Daytime Telephone Number)  Enclosed is a check for the following amount:  \$\Begin{array} \text{\$\frac{1}{2}\$} \text	Jacksonville, FL 32202	2		¥.		
Randal Fairbanks at ( 904 ) 798-3700 (Name of Contact Person) (Area Code and Daytime Telephone Number)  Enclosed is a check for the following amount:  \$\Begin{array}{cccccccccccccccccccccccccccccccccccc	((	City, State and Zip Code)				
(Name of Contact Person)  (Area Code and Daytime Telephone Number)  Enclosed is a check for the following amount:  \$\Begin{array}{cccccccccccccccccccccccccccccccccccc	For further information	on concerning this ma	atter, please call:			
Enclosed is a check for the following amount:  \$\Bigsquare{\Pi}\$ \\$52.50 \text{ Filing Fee}  \Bigsquare \\$61.25 \text{ Filing Fee}  \text{and Certified Copy}  \text{Certified Copy, and Certificate of Status} \\  \$\$TREET ADDRESS: Registration Section  \$\$MAILING ADDRESS: Registration Section	Randal Fairt	oanks	at ( <u>904</u> ) 798	-3700		
\$52.50 Filing Fee and Certificate of Status  \$105.00 Filing Fee and Certified Copy Certified Copy, and Certificate of Status  \$TREET ADDRESS:  Registration Section  \$113.75 Filing Fee, Certified Copy, and Certificate of Status  **MAILING ADDRESS:  Registration Section	(Name of Contact Person)		(Area Code and Da	aytime Telephone Number)		
and Certificate of Status  and Certified Copy Certified Copy, and Certificate of Status  STREET ADDRESS:  Registration Section  And Certified Copy Certified Copy, and Certificate of Status  MAILING ADDRESS:  Registration Section	Enclosed is a check for	or the following amou	unt:			
Registration Section Registration Section	☐ \$52.50 Filing Fee	and Certificate of		Certified Copy, and		
Registration Section Registration Section	STREET ADDRESS	S:	MAILING A	ADDRESS:		
	Registration Section					
	-	ons				
	Clifton Building					
2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301			Tallahassee,	FL 32314		

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

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CERTIFICA	TE OF AMENDMENT	王恢
	TO	70
CERTIFICATE O	F LIMITED PARTNERSHIP	بن
	OF ?	5
	Lanu, Liu.	0.10
(Insert name currently or	n file with Florida Department of State)	<b>y</b>
	•	
	, Florida Statutes, this Florida limited partnership of	
	tificate was filed with the Florida Department of Sta Florida document number A03000001271	ate on
lopts the following certificate of amendment		
	F	
is amendment is submitted to amend the following	g:	
If amending name, enter the new name of th	e limited partnership or limited liability limited part	nershin
re:		La WA WELL M
ктр	Land, LLLP	
	ishable and contain an acceptable suffix.)	
ceptable Limited Partnership suffixes: Limited Partne ceptable Limited Liability Limited Partnership suffixe	ership, Limited, L.P., LP, or Ltd. es: Limited Liability Limited Partnership, L.L.L.P. or LLLP.	
	•	
	icipal office address, <u>enter new mailing address :</u>	and/or
principal office address here:		
New Principal Office Address:	· 	
(Must be STREET address)		
Nov. Mailing Address.	•	
New Mailing Address: (May be post office box)		
( as pass of processing		
		-
If amending the registered agent and/or rec	istered office address on our records, enter the name	a of the
w registered agent and/or the new registered or		or mis
Name of New Registered Agent:		
- THE WALL TO THE PROPERTY OF THE PARTY OF T		
New Registered Office Address:		
	(Enter Florida street address)	
	, Florida	
	(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.

(If Changing Registered Agent, Signature of New Registered Agent)

D.	If amending t	the general	partner(s),	enter the name	and business	address of	each g	<u>eneral p</u>	artner l	<u>peing</u>
ad	ded or removed	from our i	records:							

<u>Title</u>		<u>Name</u>	Address	Type of Action
	•	NESSONAMURA (L d - Cl.)		Add Remove
•	-			☐ Add ☐ Remove
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- 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 informatio	n, enter (	change(s) here:	(Attach additional sheets, if necessary.)
	•		
Effective date, if other than the date	e of filin	ıg:	•
(Effective date cannot be prior to nor mor State.)	e than 90	days after the da	te this document is filed by the Florida Department of
Signature(s) of a general partner	or all g	eneral partne	<u>rs*:</u>
(*NOTE: Only one current general partnermoving a "limited liability limited partnermoving a "limited liability limited l	ership" el	ection statement.	ocument unless the limited partnership is adding or Chapter 620, F.S., requires all general partners to sign ction statement.)
BACHER	5		
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A	· · · · · · · · · · · · · · · · · · ·		
Signature(s) of all new or dissoci-	ating ge	neral partner	(s), if any:
	-	,	
		,	<del>a ya kana kana kana kana kana kana kana </del>
Filing Fee: Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$52.50 \$8.75		