

Division of Corporations

https://efile.sunbiz.org/scripts/efilecovr.exe

**A050000493**

Florida Department of State  
Division of Corporations  
Online Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H13000087434 3)))



H130000874343ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From: Account Name : FLICK LAW GROUP, P.L.L.  
Account Number : 120100000023  
Phone : (407)273-1045  
Fax Number : (407)273-1056

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

Email Address: annaerisa@gmail.com

FILED  
2013 APR 18 AM 11:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
13 APR 18 PM 1:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**LP/LLP AMENDMENT/RESTATEMENT/CORRECTION  
AKONA FAMILY LIMITED PARTNERSHIP**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$52.50

APR 19 2013  
D. BRUCE

((H13000087434 3)))

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

**AKONA FAMILY LIMITED PARTNERSHIP**

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 March 9, 2005, assigned Florida document number A05000000493, 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:**

AKONA FAMILY LIMITED LIABILITY LIMITED PARTNERSHIP

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)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

New Mailing Address:

(May be post office box)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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:

James J. Flick

New Registered Office Address:

3700 South Conway Road, Suite 100

Enter Florida street address

Orlando

City

Florida

32812

Zip Code

FILED  
2013 APR 18 AM 11:09  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

((H13000087434 3)))

**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 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>
_____	_____	_____	<input 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
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

2013 APR 18 11:59  
FILED  
SECRETARY OF STATE  
TALLAHASSEE  
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.)**

((H13000087434 3)))

((H13000087434.3))

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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.)

*Alvarez* , Manager of *Anoka, LLC*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2013 APR 18 4:59 PM  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

FILED

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