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(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	<u>.</u>
(Danumant Number)	
(Document Number)	
Certified Copies Certificates of St	atus
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08 HAR 20 PH 3: 08
SECRETARY OF STATE
TALLAHASSEE FLORID



March 18, 2008

VIA FEDERAL EXPRESS Tracking No. 7988 9905 6097

Tel: 850-245-6051

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RE: Certificate of Amendment to Certificate of Limited Partnership ("Amendment") of Gator Garwood Partners, LLLP changing name to Gator Garwood Partners, Ltd.

Dear Sir or Madam,

Enclosed please find the original, executed Amendment for filing with the Florida Department of State, along with a check in the amount of \$113.75.

Please return the original, filed Amendment to me in the provided Self Addressed Federal Express Envelope at your earliest convenience. If for any reason you cannot process this request please call me at 305-949-9049 ext. 15.

Sincerely,

Julie A. Carson

Paralegal

cc: James A. Goldsmith

Attachments

Tel: 305.949.9049 Fax: 305.948.6478 1595 N.E. 163rd Street N. Miami Beach, FL 33162 www.gatorinvestments.com

COVER LETTER

Division of Corporations	
SUBJECT: GATOR GARWOOD PA	ARTNERS, LTD.
	Partnership or Limited Liability Limited Partnership)
The enclosed Certificate of Amendmen	t and fee(s) are submitted for filing.
Please return all correspondence concer	rning this matter to:
JULIE A. CARSON	
(Contact Person)	
GATOR INVESTMENTS	
(Firm/Company)	
1595 NE 163RD STREET	
(Address)	
NORTH MIAMI BEACH, FL 33162	
(City, State and Zip Co	de)
For further information concerning this	matter, please call:
JULIE A. CARSON	at (305) 949-9049 X115
(Name of Contact Person)	(Area Code and Daytime Telephone Number)
Enclosed is a check for the following an	mount:
\$52.50 Filing Fee S61.25 Filing Fee and Certificate of Status	\$105.00 Filing Fee and Certified Copy Certified Copy, and Certificate of Status
STREET ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations Clifton Building	Division of Corporations P. O. Box 6327
2661 Executive Center Circle	Tallahassee, FL 32314
Tallahassee, FL 32301	

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF SECRETARY OF STATE TALLAHASSEE FLORIDA

GATOR GARWOOD PARTNERS, LLLP

(Insert name currently on file with Florida Department of State)

Pursuant to the provisions of section 620.1202, Filimited liability limited partnership, whose certification March 4, 2008, adopts the following partnership.	icate was filed	•
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the linere:	imited partners	ship or limited liability limited partnership
GATOR GARWOOD PARTNERS, LTD.		
(New name must be distinguish	able and contain	an acceptable suffix.)
Acceptable Limited Partnership suffixes: Limited Partnersh Acceptable Limited Liability Limited Partnership suffixes: I		
B. If amending the registered agent and/or registerew registered agent and/or the new registered office		
Name of New Registered Agent:		
New Registered Office Address:		
	(Enter Florida street address)	
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agent comply with the provisions of all statutes relative to am familiar with and accept the obligations of my p	t and agree to a the proper and	act in this capacity. I further agree to I complete performance of my duties, and I
	(If Changing Reg	gistered Agent, Signature of New Registered Agent)

<u>Title</u>	<u>Name</u>	Address Type of Action	1
	 		
		Add Remove	
		Add Remove	
	 		
		Add Remove	
<u> </u>		Add Remove	
ed partner This Limite This Limite E: If adding	ship" status, enter change h d Partnership hereby elects to d Partnership hereby removes or removing" limited liability lim	be a "Limited Liability Limited Partnership." s its "Limited Liability Limited Partnership" status. nited partnership" status, all general partners must sign this	
amending a	any other information, enter c	change(s) here: (Attach additional sheets, if necessary.)	

Effective date, if other than the da (Effective date cannot be prior to nor mo State.)	ite of filing: ore than 90 days after the dat	e this document is filed by the Flor	ida Department of	-
Signature(s) of a general partne (*NOTE: Only one current general part removing a "limited liability limited part when adding or removing a "limited liab	ner is required to sign this do	ocument unless the limited partners Chapter 620, F.S., requires all gene		n
B. 1	C, sole genera	Poutner lember, Managn		-
				-
Signature(s) of all new or dissoc	iating general partner	<u>s), ii any</u> :		-
				- -
Filing Fee:	\$52.50		08 MAR 20 PH 3: 08 SECRETARY OF STATE TALLAHASSEE FLORIDA	
Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$8.75		>	