Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name

: CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053

Phone

: (561)694-8107

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## LP/LLLP AMENDMENT/RESTATEMENT/CORRECTION

LEEDSBRO CAPITAL PARTNERS I, LLLP

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

(n) T 1 2 2011

EXAMINER

## CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

LEEDSBRO CAPITAL PARTNERS I. LLLP

Insert name curren	tly on file with Florida Dept	Atment of State	
Pursuant to the provisions of section 620.1 limited liability limited partnership, whose May 17, 2011 assign	certificate was filed wi	ith the Florida Department umberA11000000	of State on
adopts the following certificate of amendm	ient to its certificate of	limited partnership.	
This amendment is submitted to amend the folio	owing:		
A. If amending name, enter the new name, here:	of the limited partnershi	p or limited liability limiter	l partnership
	CAPITAL PARTA		
Acceptable Limited Partnership suffixes: Umited P Acceptable Limited Liability Limited Partnership st	ormerzhip, Limited, L.P., Li offices: Limited Liobility Lin	P, or Lid nited Partnership, L.L.L.P. or L	LLP.
B. If amending mailing address and/or principal office address here:	principal office addres	ss, enter now mailing add	ress and/or
New Principal Office Address (Mass be STREET address)	5		<del></del>
New Mailing Address: (May be post office box)			
C. If amending the registered agent and/or new registered agent and/or the new registers	registered office address:	is on our records, enter the	name of the
Name of New Registered Agent:			_
New Registered Office Address:			
	Diler Flo	orida street address	2
		Florida	AS E
	City	Zip Code	LANGE F
	Page 1 of 3		FILED AM 8: 16

## 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. Stemmure of New Resistered 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:

Title	Name	Address	Type of Action
			Add Remove
			Add Remove

E. If the limited partnership or limited liability limited partnership is amending its "limited liability limited partnership" status, enter change here:

	This Limited Parenership hereby elects to be a "Limited Liability Limited P	artnership.
--	---	-------------

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 amendations).

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F. If amending any other information,	enter change(s) hore:	(Attoch additional sheets, )	if necessary.)
Effective date, if other than the date of filir (Effective date comnot be prior to nor more than 90 State.)	ig: days after the date this d	ocument is filed by the Florid	a Department of
Signature(s) of a general partner or all g	eneral partners*:		
(*NOTE: Only one current general portner is requiremoving a "limited liability limited partnership" el when adding or removing a "limited liability limited when adding or removing a "limited liability limited liability liability limited liability limited liability limited liability limited liability	ection statement. Chapte	r 620, P.S., requires all gener	p is adding or al paraners to sign
Harbor Park Capital, LLC			<del></del>
Name: Robert Leeds	* -		<u> </u>
Title: Managing Member	<u> </u>		,
Signature(s) of all new or dissociating ge	neral partner(s), if s	צַת:	
	-		·····
		<del></del>	
Filing Fee: \$52.50 Certified Copy (optional): \$52.50 Certificate of Status (optional): \$8.75			SECTO TALLAH
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