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(Red	questor's Name)	
(Add	dress)	
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(Bu	siness Entity Nar	ne)
(Dod	cument Number)	
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SECRETARY OF STATE.
TALL AHASSES

AUG 2 4 2815 J. HARRIS

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: TABOIR	(AA FLORIDA PARTNERS, LLLP
	nited Partnership or Limited Liability Limited Partnership
The enclosed Certificate of Amend	ment and fee(s) are submitted for filing.
Please return all correspondence co	oncerning this matter to:
ROBERT J. BI	LUHM
Contact Perso	n .
LAW OFFIC	ES
Firm/Compan	y
5939 BRUSHY CRI	EEK TRAIL
Address	
DALLAS, TX	75252
City, State and Zip	o Code
CARIGNANMARIPIER	@GMAIL.COM
E-mail address: (to be used for futur	e annual report notification)
For further information concerning	this matter, please call:
ROBERT BLUHM	at (972) 489-9482
Name of Contact Person	Area Code and Daytime Telephone Number
Enclosed is a check for the following	ng amount:
\$52.50 Filing Fee \$61.25 Filin and Certificate Status	
STREET ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building 2661 Executive Center Circle	P. O. Box 6327 Tallahassee, FL 32314
Tallahassee, FL 32301	rananassee, FL 32317

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

TABOIKAA FLORIDA PARTNERS, LLLP

Insert name currently on file with Florida Department of State

Pursuant to the provisions of section 620.1202, Fl limited liability limited partnership, whose certific AUGUST 6, 2015 assigned Flor	cate was filed with the Florida Department of State on rida document numberA1500000488
adopts the following certificate of amendment to	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the li	mited partnership or limited liability limited partnership
	IDA PARTNERS, LP
New name must be distinguish	able and contain an acceptable suffix.
Acceptable Limited Partnership suffixes: Limited Partnersh Acceptable Limited Liability Limited Partnership suffixes: L	
B. If amending mailing address and/or princip principal office address here:	oal office address, enter new mailing address and/or
New Principal Office Address:	
(Must be STREET address)	- Authorities - Comment American Inc Authorities - Auth
New Mailing Address:	
(May be post office box)	
C. If amending the registered agent and/or registered new registered agent and/or the new registered office	ered office address on our records, <u>enter the name of the</u> <u>e address here</u> :
Name of New Registered Agent:	
New Registered Office Address:	As -
	Enter Florida street address
	, Florida , , , , , , , , , , , , , , , , , , ,
	City Zip Code N

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>	Type of Action
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add S Remove
E. If the limite imited partner	ed partnership or limited liability l rship" status, enter change here:	limited partnership is amen	ding-its, "limited liability
This Lim	ited Partnership hereby elects to be a	"Limited Liability Limited Page 1981	artnership."
✓ This Lim	ited Partnership hereby removes its "	Limited Liability Limited Par	rtnership" status.

(NOTE: If adding or removing" limited liability limited partnership" status, all general partners must sign this amendment.)

			- 4		
ffective date, if other than the da ffective date cannot be prior to nor mo ate.)	te of filing: ere than 90 days af	ter the date this t	document is filea	l by the Florida Department	of
gnature(s) of a general partne	r or all genera	partners*:			
NOTE: Only one current general part moving a "limited liability limited part then adding or removing a "limited liab	nership" election s	tatement. Chapt	er 620, F.S., requ		
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General Partu	<u>er - Flog</u>	 	UMENT /	No. 75000063	
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Gentral Partus Signature(s) of all new or dissoc Filing Fee: Certified Copy (optional): Certificate of Status (optional):	iating general		1.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4	16 KUR 2 SEGRETAN TALLAHAS	33

Certificate of Limited Partnership

A15000000488 FILED August 06, 2015 Sec. Of State nculligan

Name of Limited Partnership: TABOIKAA FLORIDA PARTNERS, LLLP

Street Address of Limited Partnership:

17888 67TH COURT NORTH LOXAHATCHEE, FL. US 33470

Mailing Address of Limited Partnership:

3370 BOULEVARD LASALLE APT. 3 MONTREAL, QC. CA H4G3H9

The name and Florida street address of the registered agent is:

INCORP SERVICES, INC. 17888 67TH COURT NORTH LOXAHATCHEE, FL. 33470

I certify that I am familiar with and accept the responsibilities of registered agent.

Registered Agent Signature: JANICE NULL

The name and address of all general partners are:

Title: G TABOIKAA SUNNYHOMES, INC. 17888 67TH COURT NORTH LOXAHATCHEE, FL. 33470 US

This Limited Partnership is a Limited Liability Limited Partnership.

Signed this Sixth day of August, 2015

I (we) declare the I (we) have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

General Partner Signature: ROBERT J. BLUHM ATTORNEY/INCORPORATOR

The individual(s) signing this document affirm(s) that the facts stated herein are true and the individual(s) is/are aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.