A17000000096

(Re	equestor's Name)		
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PICK-UP	MAIT	MAIL	
(Вс	usiness Entity Nar	me)	
(Document Number)			
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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Sydney	Austin Associates	s. LP
	rtnership or Limited Liabilit	
The enclosed Certificate of Amendment a	and fee(s) are submitted	for filing.
Please return all correspondence concerni	ng this matter to:	
Margaret J. Drummon	d	
Contact Person		
Margaret J. Drummond EA C	FP, LLC	
Firm/Company		
28 Norfolk Drive		
Address		
Northport, NY 11768		
City, State and Zip Code		
Panarama93@gmail.co	nm	
E-mail address: (to be used for future annual		
	report notification,	
For further information concerning this m	atter, please call:	
Margaret J. Drummond	at (631)	262-0411
Name of Contact Person	Area Code and Dayt	ime Telephone Number
Enclosed is a check for the following amo	ount:	
\$52.50 Filing Fee and Certificate of Status	\$105.00 Filing Fee and Certified Copy	\$113.75 Filing Fee, Certified Copy, and Certificate of Status
STREET ADDRESS:	MAILING A	ADDRESS:
Registration Section	Registration	Section
Division of Corporations	Division of C	=
Clifton Building	P. O. Box 63.	
2661 Executive Center Circle Tallahassee, FL 32301	Tallahassee,	FL 32314
rananassee, i'l 34301		

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

700	LED
TALLAHASSEE	PH 4: 33 OF STATE OF LORID

Sydney Austin Associates,LP Insert name currently on file with Florida Department of State

limited liability limited partnership, whose certification	Florida Statutes, this Florida limited partnership or icate was filed with the Florida Department of State on orida document numberA1700000096,
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 linere:	limited partnership or limited liability limited partnership
Sydney Austin	Associates, LLLP
	hable and contain an acceptable suffix.
Acceptable Limited Partnership suffixes: Limited Partnersh Acceptable Limited Liability Limited Partnership suffixes: I	
B. If amending mailing address and/or principal office address here:	pal office address, enter new mailing address and/or
New Principal Office Address:	
(Must be STREET address)	
New Mailing Address:	
(May be post office box)	
C. If amending the registered agent and/or registenew registered agent and/or the new registered office	tered office address on our records, enter the name of the ce address here:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	, Florida

2017 MAY 25 PM 4: 39 SECRETABLY OF STATE INCREO OF MY duties, dividing IDA
f New Registered Agent
general partner being
oe of Action
Add Remove
Add Remove
Add Remove
Add Remove
Add Remove
∏Add

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 j comply with the provisions of all statutes relative to the proper and complete performan am familiar with and accept the obligations of my position as registered agent. If Changing Registered Agent, Signature o D. If amending the general partner(s), enter the name and business address of each added or removed from our records: Typ Title **Name Address** Remove 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.)

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Effective data, if other than the dat	te of filing:	0.7.
(Effective date cannot be prior to nor mor State.)	re than 90 days afte	r the date this document is filed by the Florida Department of
Signature(s) of a general partner		
	nership" election sta	on this document unless the limited partnership is adding or attement. Chapter 620, F.S., requires all general partners to sign ship" election statement.)
Sondra friefer		
(0		
		
Signature(s) of all new or dissoci	iatina aeneral n	artner(s) if any
Signature(s) or all new or dissoci	ating general p	arther(s), many.
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Dur D	053.50	
Filing Fee: Certified Copy (optional):	\$52.50 \$52.50	



March 22, 2017

MARGARET J. DRUMMOND EA CFP, LLC MARGARET J. DRUMMOND 28 NORFOLK DR. NORTHPORT, NY 11768

SUBJECT: SYDNEY AUSTIN ASSOCIATES, LP

Ref. Number: A17000000096

We have received your document for SYDNEY AUSTIN ASSOCIATES, LP and your check(s) totaling \$77.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a GENERAL PARTNERSHIP, but your entity is a LIMITED PARTNERSHIP. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly Regulatory Specialist II

Letter Number: 117A00005519