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SECRETARY OF STATE

J. BRYAN

MAR 2 7 2009

**EXAMINER** 

### **COVER LETTER**

Registration Section

TO:

Division of C	Corporations		
SUBJECT: Turne	r Family Partners me of Florida Limited Par	ship, Ltd., LLP tnership or Limited Liabilit	y Limited Partnership)
The enclosed Certific	cate of Amendment ar	nd fee(s) are submitted	for filing.
Please return all corr	espondence concernir	ng this matter to:	09 KAR 26 AK II: 40 SECRETARY OF STATE FALLAHASSEE, FLORI
James G Kordik			是恶
James & Roldik	(Contact Person)		26 AST 26
			SO THE
Rogers & Greenberg L		· ·	
(Firm/Company)			FIG.
2160 Kettering Tower			三芸を
	(Address)		5
Dayton, Ohio 45423	City, State and Zip Code)		
(	City, State and Zip Code)		
For further informati	ion concerning this ma	atter, please call:	
James G Kordik		at ( 937 ) 223	3-8171
(Name of Contact Person)			aytime Telephone Number)
Enclosed is a check t	for the following amo	unt:	
☑ \$52.50 Filing Fee	□\$61.25 Filing Fee and Certificate of Status	□\$105.00 Filing Fee and Certified Copy	☐\$113.75 Filing Fee, Certified Copy, and Certificate of Status
STREET ADDRES	ss.	MAILING.	ADDRESS:
Registration Section		Registration	
Division of Corporat		_	Corporations
Clifton Building		P. O. Box 63	
2661 Executive Cent	ter Circle	Tallahassee,	
Tallahassee, FL 323			

## CERTIFICATE OF AMENDMENT CERTIFICATE OF LIMITED PARTNERSHIP **OF**

# Turner Family Partnership, Ltd., LLP (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 12-29-1992, assigned Floring 12-29-1992, assigned 12-29-1992, ass	cate was filed w	ith the Florida Department of State on			
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:	mited partnersh	ip or limited liability limited partnership			
(New name must be distinguish:	able and contain a	n acceptable suffix.)			
Acceptable Limited Partnership suffixes: Limited Partnersh Acceptable Limited Liability Limited Partnership suffixes: I					
B. If amending mailing address and/or princip principal office address here:	oal office addre	ss, 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		ss on our records, enter the name of the			
Name of New Registered Agent:					
New Registered Office Address:	(Enter F	lorida street address)			
		, Florida			
	(City)	(Zip Code)			

#### 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 Regis	tered Agent	Signature	of New I	Registered	Agent
(11 Changing Kegis	iereu Ageni	., <u>Signature i</u>	DITION	Kesisteren	AZCHI)

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>	Name	Address	Type of Action
<u>GP</u>	Albert J. Turner III	546 W. Spring Valley Road Dayton, OH 45458	☑ Add ☐ Remove
<u>GP</u>	Albert J. Turner Jr Trustee	10089 Paradise Boulevard reasure Island, FL 33706	☐ Add ☐ Remove
			☐ Add ☐ Remove
			DAGE OF THE
			ARETAR SEE
			REMOVE HILLS

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

Thi	s Limited Par	tnership hereby	y elects to be a	"Limited Liabil	ity Limited I	artnership."
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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.)

F. If amending any other informati	ion, enter 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 afte	r the date this document is filed by the Florida Department of
Signature(s) of a general partne	r or all general	partners*:
	nership" election sta	on this document unless the limited partnership is adding or stement. Chapter 620, F.S., requires all general partners to signifip election statement.)
Albert J Turner III	<b>B</b>	Lois H. Turner Trustee
	<del></del>	
Signature(s) of all new or dissoc	iating ganaval n	author(s) if any
the & Turner & Tank		Albert J. Turner III
Albert J. Turner Jr. Trust		——————————————————————————————————————
<del></del>		
	<del>, , , , , , , , , , , , , , , , , , , </del>	
Filing Fee:	\$52.50	s s
Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$8.75	09 MAR SECRETAHA
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