## A9500000 1027

(Requ	iestor's Name)	
(Addr	ess)	
(Addr	ess)	
(City/s	State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Busi	ness Entity Nan	ne)
(Docu	ıment Number)	<del></del>
Certified Copies	Certificates	s of Status
Special Instructions to Fil	ling Officer:	

Office Use Only

B. KOHR

MAR 9 2012

**EXAMINER** 



200220921242

SECRETARY OF STATEONS
OIVISION OF CORPORATIONS
12 FEB 29 PM 1:07

02/29/12--01016--021 \*\*52.50

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORA	ATION: P(	HUM ENTER	PRISE LANGUAMA LEW	
DOCUMENT NUMBE	cr: Nay	e Cinuce P.	tecau Eurospases CR MSDARGES	وا)ح برد
The enclosed Articles of	*Amendment and fee are su	bmitted for filing.		26
Please return all corresp	ondence concerning this ma	tter to the following:	65	CONTROL OF
-		Name of Contact Person	HRIDING AMENDICATO LEW HELD EUROPANIES CA MURAGIAN TO BE TO THE TOTAL TO LEW AND ALLEY AND THE TOTAL TO LEW AND ALLEY AND THE TOTAL TO LEW AND THE LEW AND THE TOTAL TO LEW AND THE TOTAL TO LEW AND THE LEW AN	·0
_		Firm/ Company		
_		Address  MV23 Le(4e  City/ State and Zip Code	245.M4 01845	
	concerning this matter, pleas		781-631-4020	
Name of	Touse (C-ECure	at ( <u>/8/-</u> Area Co	ode & Daytime Telephone Number	
	he following amount made		•	
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status Certified Copy (Additional Copy is enclosed)	
Ameno Divisio P.O. B	Ig Address Iment Section on of Corporations ox 6327	Amend Divisio Clifton	Address  dment Section on of Corporations n Building  Executive Center Circle	

Tallahassee, FL 32301

THOMAS K. EGAN COUNSELOR AT LAW

190 PLEASANT STREET MARBLEHEAD, MA 01945

> 781 639-4212 FAX 781-639-2290

Buck Cohe Division of Confirmment

Chiffen Buding

2661 Execute Certex Circip

Tallahassee Tosida 32301

De: Phelse

News McCons:

Endered heren place Tick Conhado F

Duendreat to CorWiselp 5-Limited Parkership Chaising

geren (pashertz Pitern

ELPOSTUSE, & MUSICIPALITS, UC.

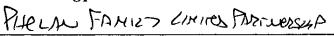
PIN Ameleed 552.50

TANKSON

Sucerey,

Monterelle

## CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP



Insert name currently on file with Florida Department of State

A. If amending name, enter the new name of the limited partnership or limited liability limited partnership here:  L/A  New name must be distinguishable and contain an acceptable suffix.  Acceptable Limited Partnership suffixes: Limited Partnership, Limited Partnership, L.L.L.P. or LLLP.  B. If amending mailing address and/or principal office address, enter new mailing address and/or principal office address.    New Principal Office Address: (Must be STREET address)   New Mailing Address: (May be post office box)    New Registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:    Name of New Registered Agent:   New Registered Office Address:   Enter Florida street address   Enter Florida street address   Florida   Florida	limited liability limited partnership, whose certif	Florida Statutes, this Florida limited partnership or ificate was filed with the Florida Department of State on lorida document number	
New Principal Office Address:    New Mailing Address: (May be post office box)	adopts the following certificate of amendment to	o its certificate of limited partnership. Ein#65 0623	42
New name must be distinguishable and contain an acceptable suffix.  Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., L.P., or Ltd. Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.P. or LLLP.  B. If amending mailing address and/or principal office address, enter new mailing address and/or principal office address here:  New Principal Office Address: (Must be STREET address)  New Mailing Address: (May be post office box)  C. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:  Name of New Registered Agent: New Registered Office Address:  Enter Florida street address	This amendment is submitted to amend the following:	<b>3</b> :	
New name must be distinguishable and contain an acceptable suffix.  Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., L.P., or Ltd. Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.  B. If amending mailing address and/or principal office address, enter new mailing address and/or principal office address here:  New Principal Office Address: (Must be STREET address)  New Mailing Address: (May be post office box)  C. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:  Name of New Registered Agent: New Registered Office Address:  Enter Florida street address		e limited partnership or limited liability limited partnershi	p
Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd. Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.  B. If amending mailing address and/or principal office address, enter new mailing address and/or principal office address here:  New Principal Office Address: (Must be STREET address)  New Mailing Address: (May be post office box)  C. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:  Name of New Registered Agent: New Registered Office Address:  Enter Florida street address	K	~/A	
B. If amending mailing address and/or principal office address, enter new mailing address and/or principal office address here:  New Principal Office Address: (Must be STREET address)  New Mailing Address: (May be post office box)  C. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:  New Registered Office Address:  New Registered Office Address:  Enter Florida street address	New name must be distinguis	ishable and contain an acceptable suffix.	
New Principal Office Address:  (Must be STREET address)  New Mailing Address: (May be post office box)  C. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address			
New Mailing Address:  (May be post office box)  C. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address		cipal office address, enter new mailing address and/o	<u>r</u>
C. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address		<u></u>	
Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address			
Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address			<u>1e</u>
New Registered Office Address:  Enter Florida street address	Name of New Registered Agent:	<u> </u>	
, Florida	New Registered Office Address:	Enter Florida street address	
City 7in Code		, Florida	

## 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:

Title	<u>Name</u>	Address	Type of Action
Paroue	PHELM ELIESANS		_ Add _ Remove
Y AM	Sussifirere	1185 HMOKARDON TEN SUR 110 NAMOS FRA, 34110	Add Remove
Pern Ma	ELIPPRAJON CE	1185 IMMORANDOS PRAS SULPIO NADOS FRA 32110	_ Add _ Remove
		LAPOS JED 32110	_ Add _ Remove
<del></del>			_ Add _ Remove
		-	Add Remove
	d partnership or limited liabil ship" status, enter change here	lity limited partnership is amen ::	ding its "limited liability
This Limit	ted Partnership hereby elects to	be a "Limited Liability Limited Pa	artnership."
This Limit	ted Partnership hereby removes	its "Limited Liability Limited Par	tnership" status.
(NOTE: If adding	or removing" limited liability limited	l partnership" status, all general partne	ers must sign this amendment.)

F. If amending any other information,	enter change(s) here: (Attach additional sheets. if necessary.)
	1/A
	· · · · · · · · · · · · · · · · · · ·
Effective date, if other than the date of filir (Effective date cannot be prior to nor more than 90 State.)	ng:
Signature(s) of a general partner or all g	eneral partners*:
(*NOTE: Only one current general partner is requi	ired to sign this document unless the limited partnership is adding or ection statement. Chapter 620, F.S., requires all general partners to sign
	NO
Signature(s) of all new or dissociating ge	neral partner(s), if any:
	<del></del>
Filing Fee: \$52.50 Certified Copy (optional): \$52.50 Certificate of Status (optional): \$8.75	