





FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 26, 2015

JOSEPH F BISANZ  
PMB 262 2136 FORD PKWY  
ST PAUL, MN 55116

SUBJECT: BISANZ FAMILY LIMITED PARTNERSHIP  
Ref. Number: A95000001153

We have received your document for BISANZ FAMILY LIMITED PARTNERSHIP and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Florida limited liability company, but your entity is a Florida limited partnership. Please complete and return the enclosed blank form(s).

There is a fee of \$27.50 due.

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) 245-6050.

Rebekah White  
Regulatory Specialist II

Letter Number: 315A00006008

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: BISANZ Family Limited Partnership  
Name of Florida Limited Partnership or Limited Liability Limited Partnership

The enclosed Certificate of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Joseph F. Bisanz  
Contact Person

Bisanz Family Limited Partnership  
Firm/Company

2136 Ford Pkwy # 262  
Address

St. Paul, Mn 55116  
City, State and Zip Code

virginia.bisanz@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joseph Bisanz at (651) 699-0529  
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

*re-file*  
*\$ 27.50 due*

\$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 ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

CERTIFICATE OF AMENDMENT  
TO  
CERTIFICATE OF LIMITED PARTNERSHIP  
OF

Bisanz Family Limited Partnership

Insert name currently on file with Florida Department of State

FILED  
15 APR 17 AM 10:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 620.1202, Florida Statutes, this Florida limited partnership or limited liability limited partnership, whose certificate was filed with the Florida Department of State on \_\_\_\_\_, assigned Florida document number A95000001153 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 limited partnership or limited liability limited partnership here:**

\_\_\_\_\_  
New name must be distinguishable and contain an acceptable suffix.

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)

2136 Ford Pkwy #262  
St. Paul, Mn 55116

**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:

N/A

New Registered Office Address:

\_\_\_\_\_  
Enter Florida 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 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>	<u>Type of Action</u>
<u>MGK</u>	<u>Helen Bisanz</u>	<u>100 Glenview PL</u> <u># 308C</u> <u>NAPLES, FL 34108</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>MGK</u>	<u>Joseph Bisanz</u>	<u>2136 Ford Pkwy</u> <u># 262</u> <u>St. Paul, Mn 55116</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>MGK</u>	<u>Susan Nicholson</u>	<u>1805 Guilford Ln</u> <u>OKLAHOMA CITY, OK</u> <u>73120</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> 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.)**

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

no other changes

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 2.20.2015, \_\_\_\_\_.

*J. F. Bisanz*

Signature of a member or authorized representative of a member

Joseph F. Bisanz

Typed or printed name of signee