Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CUMMINGS & LOCKWOOD

Account Number : 102336001100 Phone : (239)649-3154

: (239)430-3341

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: CLASP@CL-LAW.COM

LP/LLLP AMENDMENT/RESTATEMENT/CORRECTION THE TENAGLIA FAMILY PARTNERSHIP, LTD.

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C. LEWIS

MAR 1 2 2010

EXAMINER

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Help

TENAGLIA FAMILY PARTNERSHIP, LTD

FILED

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CERTIFICATE OF AMENDMENT SECRETARY OF STATE TO TALLAHASSEE, FLORIDA OF

Insert name currently on file with Florida Department of State
ursuant to the provisions of section 620.1202. Florida Statutes, this Florida limited partnership or mited liability limited partnership, whose certificate was filed with the Florida Department of State on 12/21/1995, assigned Florida document number A95000002011, dopts the following certificate of amendment to its certificate of limited partnership.
his amendment is submitted to amend the following:
. If amending name, <u>enter the new name of the limited partnership or limited liability limited partnership</u> ere:
THE TENAGLIA FAMILY PARTNERSHIP, LLLP New name must be distinguishable and contain an acceptable suffix.
eceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd. Eceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.
. If amending mailing address and/or principal office address, enter new mailing address and/or principal office address here:
New Principal Office Address: (Muss be STREET address)
New Mailing Address: (May be post office box)
New Mailing Address: (May be post office box) From From From From From From From From
. If amending the registered agent and/or registered office address on our records, <u>enter the name of the</u> ew registered agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address:
Enter Florida street address
and the

City

Zip Code

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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 No.



L. If the limited	partnership	or limited	Hability	limited	partnership	is amending	its "limited	liability
Emited partnersh					•			

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

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11. Tit

This Limited Partnership hereby removes its "Limited Liability Limited Partnership" status.

. . •

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Effective date, if other than the date of filing:	*
Hiective date, it other than the date of filing:	the date this document is filed by the Florida Department of
,	
21	
Signature(s) of a general partner or all general partner	
	ement. Chapter 620, F.S., requires all general partners to sign
then adding or removing a "limited liability limited partnershi	ip" election statement.)
17 12 11 11	
Jun of Conapul	Manager, John Tenaglia Consulting, Li
	-
	THE R
·	SSE
	70 5
Signature(s) of all new or dissociating general par	rtner(s), if any:
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Gling Fee: \$52.50	
Filing Fee: \$52.50 Certified Copy (optional): \$52.50 Certificate of Status (optional): \$8.75	

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