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| (Re | questor's Name) |) |
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| (Ad | dress) | |
| (Ad | dress) | |
| (Cit | y/State/Zip/Phon | ne #) |
| PICK-UP | WAIT | MAIL . |
| (Bu | siness Entity Na | me) |
| · (Do | cument Number | : ; |
| Certified Copies | _ Certificate | s of Status |
| Special Instructions to | Filing Officer: | · · · · · · · · · · · · · · · · · · · |
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Office Use Only



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T. CLINE

AUG - 7 2009

EXAMINER

COVER LETTER

| TO: | Registration Division of | Section Corporations | | | |
|--------------------------|--|--|---|--|-----------------------|
| SHR | JECT: | Hurtak | Family Partnership | o. Ltd. | |
| SOLA | | | artnership or Limited Liabili | | |
| The e | nclosed Certi | ficate of Amendment | and fee(s) are submitted | for filing. | |
| Pleas | e return all co | rrespondence concern | ing this matter to: | | |
| | | John A. Hurtak | | | |
| | | Contact Person | | | |
| | Hurtal | k Family Partnershij | o, Ltd. | | |
| | | Firm/Company | | | |
| | | 525 NE 58 Street | | | |
| | | Address | | | |
| | | Miami, FL 33137 | | | ~ 3 |
| | | City, State and Zip Code | | Pa | 2009 |
| | j | hurtak@comcast.ne | et | | = "" |
| E | E-mail address: (1 | to be used for future annua | al report notification) | ASI | 1 |
| For fi | urther informa | tion concerning this r | natter, please call: | SEE, FLO | 2005 AUG -6 AM 10: 49 |
| | | A. Hurtak | at (305) | 502-8215 書台 | - 64 |
| | Name of Con | tact Person | Area Code and Day | ytime Telephone Number | |
| Enclo | sed is a check | for the following am | ount: | | |
| V \$52 | 2.50 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 | · |
| Regis Divis Clifto | EET ADDRE stration Section ion of Corpora on Building Executive Ce | n ations | Registration | Corporations 327 | |

Tallahassee, FL 32301

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

| | ly Partnership, Lt | | _ |
|---|--|---|-------------|
| Insert name currently on fi | ile with Florida Departme | nt of State | |
| Pursuant to the provisions of section 620.1202, Flimited liability limited partnership, whose certif January 18, 1996, assigned Floadopts the following certificate of amendment to | icate was filed with the prida document numb | ne Florida Department of er A9600000013 | State on |
| | is certificate of film | ed partnersing. | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, <u>enter the new name of the latere</u> : | limited partnership or | limited liability limited pa | rtnership |
| | | 7. 20 7. 20 | |
| New name must be distinguish | hable and contain an acce | ptable suffix. | 2 45 42 |
| Acceptable Limited Partnership suffixes: Limited Partners. Acceptable Limited Liability Limited Partnership suffixes: | | | - Table 1 |
| B. If amending mailing address and/or princi principal office address here: | pal office address, <u>e</u> | nter new mailing addra | s and/or |
| New Principal Office Address: (Must be STREET address) | South Lake Plaza 656 State Road 5 | 0 | o |
| | Clermont, Florida | 34711 | |
| New Mailing Address: (May be post office box) | | | |
| C. If amounting the projectional account and/on project | | | e 43 |
| C. If amending the registered agent and/or regist new registered agent and/or the new registered office | ered omce address on ce address here: | our records, enter the na | me of the |
| Name of New Registered Agent: | | | |
| | | . , , , , , , , , , , , , , , , , , , , | |
| 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 Changin | Registered Agent, Signature of New Registered Agent | |
|------------|---|--|

| D. | If amending | the general | partner(s), | enter the | name and | business | address o | f each | general | partner | being |
|------------|---------------|--------------|-------------|-----------|----------|----------|-----------|--------|---------|---------|-------|
| <u>ade</u> | ded or remove | d from our r | ecords: | | | | | | | | |

| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action |
|-----------------------------|--|---------------------------|--------------------------------|
| | | | Remove |
| | | | |
| | | | Add 5 |
| Viile view | | | Add |
| • | | | Remove |
| | | | Add |
| If the limited ted partners | d partnership or limited liability ship" status, enter change here: | limited partnership is | amending its "limited liabilit |
| This Limit | ted Partnership hereby elects to be a | a "Limited Liability Limi | ted Partnership." |
| This Limit | ted Partnership hereby removes its | "Limited Liability Limite | ed Partnership" status. |

 $(\underline{\textbf{NOTE:}}\ \ \textit{If adding or removing" limited liability limited partnership" status, all general partners \textit{must sign this amendment.})$

| F. If amending any other information, enter change(s) h | ere: (Attach additional sheets, if necessary.) |
|---|---|
| | |
| ************************************** | |
| | *************************************** |
| | |
| Effective date, if other than the date of filing: | |
| (Effective date cannot be prior to nor more than 90 days after the date State.) | this document is filed by the Florida Department of |
| | |
| Signature(s) of a general partner or all general partners | s *: |
| (*NOTE: Only one current general partner is required to sign this doc | ument unless the limited partnership is adding or |
| removing a "limited liability limited partnership" election statement. C when adding or removing a "limited liability limited partnership" elect | ion statement.) |
| = FIXXb | 2009 AUG SEGRET FALLAH |
| Pros. John and Jeanne Hurton Corp. | AH NSS |
| 1700. Lohn and Learne Hurton Corp. | المسرأ أيسه لمشيأ |
| ************************************** | AM IO |
| | AUN ALV |
| Signature(s) of all new or dissociating general partner(s |) if any |
| Digital and the first of dissociating general partners | <u> Kirany</u> . |
| | 744-550-74-4 |
| | |
| | |
| | |
| | |
| Filing Fee: \$52.50 | |
| Certified Copy (optional): \$52.50 Certificate of Status (optional): \$8.75 | |