

A96000001176

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

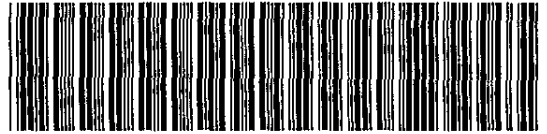
(Business Entity Name)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 1836 FAMILY PARTNERSHIP LTD.
(Name of Limited Partnership)

DOCUMENT NUMBER: A 9600000 1176

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

Please return all correspondence concerning this matter to the following:

MICHAEL ZIER
(Name of Person)

(Firm/Company)

1201 SOUTH OCEAN Drive Apt 411-S
(Address)

Hollywood FL 33019
(City/State and Zip Code)

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For further information concerning this matter, please call:

MICHAEL ZIER at (954) 953-3008
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$52.50 Filing Fee
- \$61.25 Filing Fee & Certificate of Status
- \$105.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$113.75 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

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

**CERTIFICATE OF AMENDMENT
TO
CERTIFICATE OF LIMITED PARTNERSHIP
OF**

1836 FAMILY PARTNERSHIP LTD.

(Insert name currently on file with Florida Dept. of State)

Pursuant to the provisions of section 620.109, Florida Statutes, this Florida limited partnership, whose certificate was filed with the Florida Dept. of State on 11/10/95, adopts the following certificate of amendment to its certificate of limited partnership.

FIRST: Amendment(s): (indicate article number(s) being amended, added, or deleted)

NAME CHANGE

CHANGE of NAME To:
1238 Partnership LTD.

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SECOND: This certificate of amendment shall be effective at the time of its filing with the Florida Department of State.

THIRD: Signature(s)
Signature of current general partner:

Michael P. Zies

Signature(s) of new general partner(s), if applicable:

