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**EXAMINER** 



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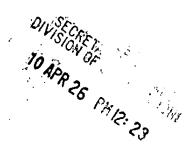
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### **COVER LETTER**

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:  ANN L. FLENNER  Contact Person  Firm/Company  84 KEY HAVEN ROAD  Address  KEY WEST, FLORIDA 33040  City, State and Zip Code  Configuration Concerning this matter, please call:  ANN L. FLENNER  at (305) 294-2044  Name of Contact Person  Enclosed is a check for the following amount:  States of Status  STREET ADDRESS:  Registration Section  Division of Corporations  MAILING ADDRESS:  Registration Section  Division of Corporations	TO: Registration S Division of Co					
The enclosed Certificate of Amendment and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to:  ANN L. FLENNER Contact Person  Firm/Company 84 KEY HAVEN ROAD Address  KEY WEST, FLORIDA 33040 City, State and Zip Code ONNET Lenner @ QQL. Corre E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  ANN L. FLENNER at ( 305 ) 294-2044 Name of Contact Person Area Code and Daytime Telephone Number  Enclosed is a check for the following amount:  Status  STREET ADDRESS: Registration Section Division of Corporations  MAILING ADDRESS: Registration Section Division of Corporations						
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ANN L. FLENNER Contact Person  Firm/Company 84 KEY HAVEN ROAD Address  KEY WEST, FLORIDA 33040 City, State and Zip Code City, State and Zip Code E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  ANN L. FLENNER at (305) 294-2044 Name of Contact Person Area Code and Daytime Telephone Number  Enclosed is a check for the following amount:  S\$2.50 Filing Fee \$61.25 Filing Fee and Certificate of Status  STREET ADDRESS:  Registration Section Division of Corporations  MAILING ADDRESS:  Registration Section Division of Corporations	The enclosed Certific	ate of Amendment ar	nd fee(s) are submitt	ed for filing.		
Firm/Company  84 KEY HAVEN ROAD  Address  KEY WEST, FLORIDA 33040  City, State and Zip Code  ONN Flenner @ Ool. Com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  ANN L. FLENNER at (305) 294-2044  Name of Contact Person Area Code and Daytime Telephone Number  Enclosed is a check for the following amount:  Street Address:  MAILING Address:  MAILING Address:  Registration Section  Division of Corporations	Please return all corre	spondence concerning	ng this matter to:			
Firm/Company  84 KEY HAVEN ROAD  Address  KEY WEST, FLORIDA 33040  City, State and Zip Code  ONAFIENDEY @ OOL. Corre  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  ANN L. FLENNER  at ( 305 ) 294-2044  Name of Contact Person Area Code and Daytime Telephone Number  Enclosed is a check for the following amount:  Status  STREET ADDRESS:  Registration Section  Division of Corporations  MAILING ADDRESS:  Registration Section  Division of Corporations	A	<del></del>	<u> </u>			
REY WEST, FLORIDA 33040   City, State and Zip Code   Chunfleuner @ acl. comp   E-mail address: (to be used for future annual report notification)    For further information concerning this matter, please call:    ANN L. FLENNER		Contact Person				
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KEY WEST, FLORIDA 33040  City, State and Zip Code  ONN Flenner @ Ool. Corr  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  ANN L. FLENNER at (305) 294-2044  Name of Contact Person Area Code and Daytime Telephone Number  Enclosed is a check for the following amount:  Status  STREET ADDRESS:  Registration Section  Division of Corporations  MAILING ADDRESS:  Registration Section  Division of Corporations	84 k	(EY HAVEN ROAD	· 			
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For further information concerning this matter, please call:  ANN L. FLENNER at (305) 294-2044  Name of Contact Person Area Code and Daytime Telephone Number  Enclosed is a check for the following amount:  \$\sqrt{\$\$52.50 \text{ Filing Fee}} = \sqrt{\$\$61.25 \text{ Filing Fee}} = \sqrt{\$\$\$105.00 \text{ Filing Fee}} = \sqrt{\$\$\$\$\$\$113.75 \text{ Filing Fee}}, and Certificate of Status  \$\$\$\$\$\$STREET ADDRESS:  Registration Section  Division of Corporations						
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Enclosed is a check for the following amount:  \$\sumset\$	ANN L. F	LENNER				
\$52.50 Filing Fee and Certificate of Status  STREET ADDRESS:  Registration Section  Division of Corporations  \$105.00 Filing Fee and Certified Copy Certified Copy, and Certificate of Status  MAILING ADDRESS:  Registration Section  Division of Corporations	Name of Contact	Person	Area Code and D	aytime Telephone Number		
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· · · · · · · · · · · · · · · · · · ·	Registration Section					
Clitton Building P. U. Box 6327	Division of Corporations					
	Clifton Building 2661 Executive Center Circle					
2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301			i alianasse	C, FL 34314		

## CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF



### COTTON OF KEY WEST LIMITED PARTNERSHIP

Insert name currently on file with Florida Department of State

	1202, Florida Statutes, this Florida limited partnership or
	se certificate was filed with the Florida Department of State on gned Florida document numberA9800001435,
	ment to its certificate of limited partnership.
This amendment is submitted to amend the fo	llowing:
A. If amending name, enter the new namhere:	of the limited partnership or limited liability limited partnership
	N/A
New name must be	listinguishable and contain an acceptable suffix.
Acceptable Limited Partnership suffixes: Limitea Acceptable Limited Liability Limited Partnership	Partnership, Limited, L.P., LP, or Ltd. suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.
B. If amending mailing address and/o principal office address here:	r principal office address, enter new mailing address and/or
New Principal Office Add	ess: 84 KEY HAVEN ROAD
(Must be STREET address)	KEY WEST, FLORIDA 33040
New Mailing Address:	ONKEXHAVENROAD P.O. B. × 265
(May be post office box)	KEY WEST, FLORIDA 39046 330 45
C. If amending the registered agent and/new registered agent and/or the new registered	or registered office address on our records, enter the name of the red office address here:
	NI/A
Name of New Registered Agent:	N/A
New Registered Office Address:	Enter Florida street address
	Clauida
•	, 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.

<u>tle</u>	<u>Name</u>	Address	Type of Action
P	William F. Cotton	30 Bamboo Terr. Key West, Fl 33040	Add  ✓ Remove
<u>P</u>	Shirley Ann L. Flenner	84 Key Haven Road Key West, FI 33040	Add Remove
<u>P</u>	William F. Cotton, Jr.	PO Box 2386 Key West, Fl 33040	Add Remove
<del></del>			Add Remove
<del></del>			Add Remove
			AddRemove

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

F. If amending any other information	, enter change(s) here	:: (Attach addition	al sheets, if necessary.)
			· · · · · · · · · · · · · · · · · · ·
		<del></del>	
		· · · · · · · · · · · · · · · · · · ·	
Effective date, if other than the date of fil (Effective date cannot be prior to nor more than 9 State.)	ng: O days after the date this	document is filed by	the Florida Department of
Signature(s) of a general partner or all	general partners*:		
(*NOTE: Only one current general partner is req removing a "limited liability limited partnership" when adding or removing a "limited liability limit	election statement. Chap	oter 620, F.S., require	
Shirty Chan I A	enner _		
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Signature(s) of all new or dissociating g	eneral partner(s), i	fany:	•
San on Own V	Gener		
Well I. Com			
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Filing Fee: \$52.50 Certified Copy (optional): \$52.50 Certificate of Status (optional): \$8.75			