A0000000018

(Requestor's Name)			
(Address)			
(Ad	ldress)		
(Cit	ty/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nan	ne)	
(Do	ocument Number)		
Certified Copies	_ Certificates	of Status	
Special Instructions to	Filing Officer:		
-		:	

Office Use Only



300279116733

03/11/16--01031--019 **52.50

2016 HAR II PH 3: 30

K.SRLY EXAMINER MAH 14

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: MCM Partnership Name of Florida Limited Part	LTD, LLLP		
Name of Florida Limited Part	nership or Limited Liability Limited Partnership		
The enclosed Certificate of Amendment ar	nd fee(s) are submitted for filing.		
Please return all correspondence concerning	g this matter to:		
· Michael S. Allen			
Michael S. Allen Contact Person Mlen Engineering Inc Firm/Company			
J Firm/Confpany 106 Dixie Lane Address			
Cocoa Blach FL 329. City, State and Zip Code	3.1		
City, State and Zip Code			
E-mail address: (to be used for future annual)			
E-mail address: (to be used for future annual	report notification)		
For further information concerning this ma	itter, please call:		
Kali Smith	at (321) 183-7443		
Name of Contact Person	Area Code and Daytime Telephone Number		
Enclosed is a check for the following amou	unt:		
\$52.50 Filing Fee S61.25 Filing Fee and Certificate of Status	\$105.00 Filing Fee S113.75 Filing Fee, Certified Copy, and Certificate of Status		
STREET ADDRESS:	MAILING ADDRESS:		
Registration Section	Registration Section		
Division of Corporations Division of Corporations			
Clifton Building P. O. Box 6327			
2661 Executive Center Circle	Tallahassee, FL 32314		
Tallahassee, FL 32301			

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF MCM Par nership LTD LLLP Insert name currently on file with Florida Department of State

moet have currently t	on the with I toltica De	January of Build
Pursuant to the provisions of section 620.1202 limited liability limited partnership, whose ce 12-30-1990, assigned	rtificate was filed v Florida document i	vith the Florida Department of State or number <u>A0000000018</u>
adopts the following certificate of amendmen	t to its certificate of	flimited partnership.
This amendment is submitted to amend the following	ng:	
A. If amending name, <u>enter the new name of t</u> <u>here</u> :	he limited partnersl	nip or limited liability limited partnersh
New name must be disting	guishable and contain a	n acceptable suffix.
Acceptable Limited Partnership suffixes: Limited Partn Acceptable Limited Liability Limited Partnership suffic		
B. If amending mailing address and/or pri principal office address here:	ncipal office addr	ess, enter new mailing address and/
New Principal Office Address: (Must be STREET address)		
New Mailing Address: (May be post office box)		
		1
C. If amending the registered agent and/or re new registered agent and/or the new registered		ess on our records, enter the name of
Name of New Registered Agent:		
New Registered Office Address:	Entor A	Florida street address
	Emer F	wiaa sii eet aaai ess
- -	City	, Florida Zip Code
	cuy	Zi p Cou e

New Registered	Agent's S	ignature, i	f changing	Registere	d Age	nt:
I hereby accept the	e appointn	ient as regi	stered ageni	and agree	to act	in tl

2016 MAR 11 PM 3: 30

TALLA MAR 11 PM 3: 30

This capacity. I further regression of my distinguished I

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to get 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>	Name	<u>Address</u>	Type of Action
GP_	ALLEN, JOHN M Trustee	210 Bimini Road Cocoa Beach, FZ 3293	Add Remove
<u>GP</u>	MICHAELS ALLEN	106 Dixie Lane Cocoa Beach, FL 3293	Add Remove
			Add Remove
	<u> </u>		Add Remove
	·		Add Remove
			Add 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 Pa	rtnership."
--	--	-------------

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.)

F. If amending any other info	www.atton.comt/	on ob on o (a)	home (Attende additional	about Knowledge Fr
r. It amending any other into	rmation, ente	er change(s)	nere: (Attach adamonat	sneets, if necessary.), []
				1/2 // P/2 2
			!	Milafilativar.
				ALLANDARY OF STAIL
	***			**************************************
			_	
Effective date, if other than the da	te of filing:_			
(Effective date, if other than the da	re than 90 day:	s after the dat	e this document is filed by th	ne Florida Department of
State.)				
Signature(s) of a general partne	r or all gene	eral nartne	re*:	
(*NOTE: Only one current general part removing a "limited liability limited part	ner is required : nership" electic	to sign this do	cument unless the limited p	artnership is adding or all general partners to sign
when adding or removing a "limited liab	ility limited par	rtnership" ele	ction statement.)	an gonorar parmers to sign
Λ				
Deane T. aller	v			
C'() - C - H 1'	• 4•		() • #	
Signature(s) of all new or dissoc	iating gener	<u>al partner</u>	(s), if any:	
1.0 mad()0				
mycath				·
John M Men Truster is I	preoced			
John I Friend Waster 15	10(1)			
Filing Fee:	\$52.50			
Certified Copy (optional):	\$52.50 \$\$.75			
Certificate of Status (optional):	\$8.75			