

A000000000266

W. Allen

Requestor's Name

350. S. County Rd. Ste-
Address

Palm Beach, Fl. 33480
City/State/Zip

Phone #
561-832-10299

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____ (Corporation Name) _____ (Document #)
2. _____ (Corporation Name) _____ (Document #)
3. _____ (Corporation Name) _____ (Document #)
4. _____ (Corporation Name) _____ (Document #)

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- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
- ☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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*****25.00 *****25.00

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Examiner's Initials	
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FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

February 26, 2002

W. LENEVE C/O OMG
350 S. COUNTY ROAD, SUITE 201
PALM BEACH, FL 33480

SUBJECT: WLN FAMILY LIMITED PARTNERSHIP
Ref. Number: A00000000266

We have received your document for WLN FAMILY LIMITED PARTNERSHIP, however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline
Document Specialist

Letter Number: 802A00011848

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**CERTIFICATE OF AMENDMENT
TO
CERTIFICATE OF LIMITED PARTNERSHIP
OF
WLN FAMILY LIMITED PARTNERSHIP**

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 February 3, 2000, adopts the following certificate of amendment to its certificate of limited partnership.

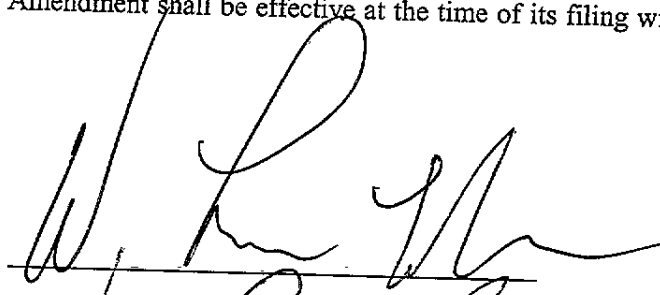
FIRST: Amendments: 1. Article II of the Certificate is amended to change the name of the Registered Agent. The new Registered Agent is W. Lawrence LeNeve, 350 South County Road, Suite 201, Palm Beach FL 33480.

2. Article IV of the Certificate is amended to eliminate the name of one of the two Co-General Partners: Tamela Beason, of 350 South County Road, Suite 201, Palm Beach FL 33480. The remaining (sole) General Partner is W. Lawrence LeNeve, 350 South County Road, Suite 201, Palm Beach FL 33480.

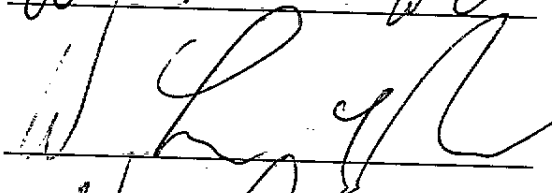
SECOND: This Certificate of Amendment shall be effective at the time of its filing with the Florida Department of State.

THIRD: Signatures

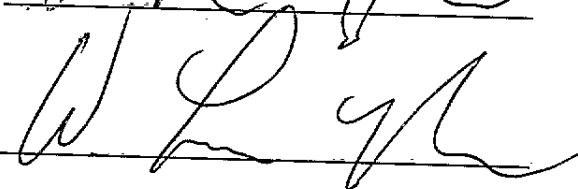
Signature of Current General Partner:



Signature of new General Partner:



Signature of new Registered Agent:



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TALLAHASSEE, FLORIDA

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