# AUUUUUU0679

(Re	questor's Name)	
(Address)		
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
· (Document Number)		
: Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

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B. KOHR

MAY 1 7 2012

EXAMINER



100234855421

05/11/12-01022-004



# COVER LETTER

TO: Registration Section Division of Corporations		
	NTS LIMITED PARTNERSHIP rtnership or Limited Liability Limited Partnership	
The enclosed Certificate of Amendment a		
Please return all correspondence concerni	ng this matter to:	
Maria C. Arriola Velez	<u> </u>	
*		
Maria C. Arriola Velez PA		
Firm/Company		
35 Almeria Avenue	-	
. Address		
Coral Gables, FL 3313	34	
City, State and Zip Code		
MVelez@velezlawoffices	aam	
E-mail address: (to be used for future annua		
2 42	,	
For further information concerning this m	natter, please call:	
Maria C. Arriola Velez	at ( 305 ) 461-9223	
Name of Contact Person	Area Code and Daytime Telephone Number	
Enclosed is a check for the following amo	ount:	
\$52.50 Filing Fee and Certificate of Status	\$105.00 Filing Fee and Certified Copy 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

# E HAY 16 PA 3.

## PLS INVESTMENTS LIMITED PARTNERSHIP

Insert name currently on file with Florida Department of State

Pursuant to the provisions of section 620 limited liability limited partnership, who April 24, 2000 , assigned, adopts the following certificate of amend	se certific gned Flor	ate was filed with the ida document numb	ne Florida De er <u>A0</u>	partment of State on 0000000679
This amendment is submitted to amend the fo	llowing:			
A. If amending name, enter the new namhere:	e of the lin	nited partnership or	limited liabil	ity limited partnership
New name must be	distinguisha	ble and contain an acce	ptable suffix.	
Acceptable Limited Partnership suffixes: Limited Acceptable Limited Liability Limited Partnership				L.L.P. or LLLP.
B. If amending mailing address and/o principal office address here:	r princip	al office address, <u>e</u>	nter new ma	iling address and/or
New Principal Office Addı (Must be STREET address)	ress:			
New Mailing Address: (May be post office box)			- M - M	
C. If amending the registered agent and/ new registered agent and/or the new regist			our records,	enter the name of the
Name of New Registered Agent:	Libby	Snyder		
New Registered Office Address:	7888	Trieste Place		<del></del>
		Enter Florida	i street addres.	S
	,	Delray Beach	, Florida	33446
		City	2	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.

Sully Sneyder

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>	<u>Name</u>	Address	Type of Action
<u>GP</u>	Philip Snyder	7888 Trieste Place Delray Beach, FL 33446	Add Remove
<u>GP</u>	Libby Snyder	7888 Triese Place Delray Beach, FL 33446	Add Remove
			Add Remove
	partnership or limited liabil hip" status, enter change here	ity limited partnership is amer	— nding its "limited liability
This Limite	ed Partnership hereby elects to	be a "Limited Liability Limited P	artnership."
This Limite	ed Partnership hereby removes	its "Limited Liability Limited Pa	rtnership" status.

(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 additional sheets, if necessary.)
	A STATE OF THE STA
Effective date, if other than the date of filin (Effective date cannot be prior to nor more than 90 State.)	g:
Signature(s) of a general partner or all g	eneral partners*:
(*NOTE: Only one current general partner is requiremoving a "limited liability limited partnership" elewhen adding or removing a "limited liability limited	ired to sign this document unless the limited partnership is adding or ection statement. Chapter 620, F.S., requires all general partners to sign partnership" election statement.)
Signature(s) of all new or dissociating gen	neral partner(s), if any:
	Likhy Suzder
Filing Fee: \$52.50 Certified Copy (optional): \$52.50 Certificate of Status (optional): \$8.75	