Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H10000010260 3)))



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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : DELOACH & HOFSTRA, P.A.

Account Number: I19990000123

: (727)397-5571

Phone

Email Address:

Fax Number: : (727)393-5418

er the email address for this business entity to be used 101 to 200 annual report mailings. Enter only one email address please.** **Enter the email address for this business entity to be used for future

LP/LLLP AMENDMENT/RESTATEMENT/CORRECTION JORGENSEN MOORE, LTD.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$52.50

JAN 19 2010

EXAMINER Help

Electronic Filing Menu Corporate Filing Menu

H10000010260 3

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

JORGENSEN MOORE, LTD.

Insert name currently on file with Florida Department of State

Pursuant to the provisions of section 620.1202, limited liability limited partnership, whose certi-	ificate was file	d with the Florida Department of State on		
MAY 16, 2000, assigned F				
adopts the following certificate of amendment t	o its certificate	of limited partnership.		
This amendment is submitted to amend the following	:			
A. If amending name, enter the new name of the here:	limited partne	rship or limited liability limited partnership		
í New name must be distingoi	shable and contain	n un acceptable suffix.		
Acceptable Limited Partnership suffixes: Limited Partner Acceptable Limited Liability Limited Partnership suffixes				
B. If amending mailing address and/or prince principal office address here:	ipal office ado	lress, enter new mailing address and/or		
New Principal Office Address:		<u> </u>		
(Must be STREET address)		· · · · · · · · · · · · · · · · · · ·		
New Mailing Address:				
(May be post office box)				
C. If amending the registered agent and/or registered agent and/or the new registered agent and/or the new registered office.				
new 1821stered agent and/or the new registered oto	CB AUUT ESS HETE	ji		
Name of New Registered Agent:				
New Registered Office Address:				
,	Enter Florida street address			
		Florida		
· · · · · · · · · · · · · · · · · · ·	City	Zip Code		

Page 1 of 3

15.0

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

If Changing Registered Agent, Signature of New Registered Agent

<u>Title</u>	y the general partner(s), enter the ed from our records: Name	Address	Type of Action
<u>GP</u> _	Joseph T. Jorgensen	13030 GULF BLVD. MADEIRA BEACH, FL 33708	Type of Abion AN AN AN Refflore
		557.50	AM I: 59
			Add Remove
us			Add Remove
			Add Remove
 			Add Remove
ed partner	d partnership or limited liabili ship" status, enter change here: ted Partnership hereby elects to be	•	_

Page 2 of 3

FACSIMILIE AUDIT NO.: H10000010260 3

Filing Fee: Certified Copy (optional): Certificate of Status (optional):

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effective date, if other than the date of filing: Effective date cannot be prior to nor more than 90 days after the date	this document to	Alad by the I	Horlda Denari	mand a
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<u>ignature(s) of a general partner or all general partners</u>	<u>*:</u>			
	,	limita d		
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