A00000001116

(Requestor's Name)			
(Add	dress)		
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(City	y/State/Zip/Phon	e #)	
PICK-UP	☐ WAIT	MAIL	
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(Doe	cument Number)) ,	
Certified Copies	Certificates	s of Status	
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FILED 11 FEB 22 AM 8: 36 SECRETARY OF STATE

J. BRYAN
FEB 2 8 2011

EXAMINER

NO \$

COVER LETTER

Division of Corporations	
	Foreign Coin Exchange, Ltd. Partnership or Limited Liability Limited Partnership
The enclosed Certificate of Amendment	and fee(s) are submitted for filing.
Please return all correspondence concern	ning this matter to:
Ronald L. Olsen, CP Contact Person Strang, Olsen & Lynch, CP Firm/Company	THE THE THE
• •	SSE
334 West Olympia Ave	enue rog 3
Addless	To State of the st
Punta Gorda, FL 339	
City, State and Zip Code	
rolsen@sol-cpas.co	
E-mail address: (to be used for future annu	al report notification)
For further information concerning this	matter, please call:
Ronald L. Olsen	at (941) 639-0888
Name of Contact Person	Area Code and Daytime Telephone Number
Enclosed is a check for the following an	nount:
\$52.50 Filing Fee \$61.25 Filing Fee and Certificate of Status	\$105.00 Filing Fee \$113.75 Filing Fee, Certified Copy, and Certificate of Status
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 14, 2011

RONALD L. OLSEN, CPA STRANG, OLSEN & LYNCH, CPAS, P.A. 334 WEST OLYMPIA AVENUE PUNTA GORDA, FL 33950

SUBJECT: FRANKENFIELD FOREIGN COIN EXCHANGE, LTD.

Ref. Number: A0000001116



We have received your document for FRANKENFIELD FOREIGN COIN EXCHANGE, LTD., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$52.50.

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) 245-6043.

Joey Bryan Regulatory Specialist II

Letter Number: 911A00003733

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP **OF**

Frankenfield Foreign Coin Exchange, Ltd. Insert name currently on file with Florida Department of State

Pursuant to the provisions of section 620.1202, Florida Statutes, this Florida limited partnership or limited liability limited partnership, whose certificate was filed with the Florida Department of State on 04/03/2000, assigned Florida document number A0000001116,				
adopts the following certificate of amendment to its certificate of limited partnership.				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the line	mited partnership (or limited lia	bility limited partnership	
New name must be distinguisha	able and contain an acc	ceptable suffix	•	
Acceptable Limited Partnership suffixes: Limited Partnershi Acceptable Limited Liability Limited Partnership suffixes: L	ip, Limited, L.P., LP, c imited Liability Limite	or Ltd. ed Partnership,	L.L.L.P. or LLLP.	
B. If amending mailing address and/or princip principal office address here:	al office address,	enter new 1	nailing address and/or	
New Principal Office Address: (Must be STREET address)				
New Mailing Address: (May be post office box)				
C. If amending the registered agent and/or registenew registered agent and/or the new registered office		on our recor	ds, enter the name of the	
Name of New Registered Agent:				
New Registered Office Address:	Enter Florid	da street addr	ress	
		, Florida		
	City	, 1 lorida	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.

If Changing Regis		

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	Address	Type of Action
<u>GP</u>	Eric C. Frankenfield	14721 SW 67th Avenue Coral Gables, FL 33158	Add Remove
GP	John C. Frankenfield	345 Flemming Avenue Green Acres, FL 33463	VAR = T
<u>GP</u>	Arlette M. Siegel	13300 Atlantic Blvd. Apt #1214 Jacksonville, FL 32225	TARY BE 36 ASSET FLORIDON Remove Remove
-			Add Remove
			_
the limited n	artnershin or limited liability	limited nartnership is amend	ling its "limited liability

E. If the limited partnership or limited liability limited partnership is amending its "limited liability limited partnership" status, enter change here:

Ш	This Limited Partnership he	ereby elects to be a	"Limited Liability	Limited Partnership."

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 information, enter change(s) here:	'Attach additional sheets, if necessary.)
Effective date if all when the day CCI	
Effective date, if other than the date of filing:	cument is filed by the Florida Department of
State.)	samem to just by the French Bepartment of
Signature(s) of a general partner or all general partners*:	
(*NOTE: Only one current general partner is required to sign this document to	unless the limited partnership is adding or
removing a "limited liability limited partnership" election statement. Chapter	620, F.S., requires all general partners to sign
when adding or removing a "limited liability limited partnership" election state	ement.)
22	
	20
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Signature(s) of all new or dissociating general partner(s), if an	iv: For contraction of the contr
	RE 3
(2)	Ölu 🗞
6 Aylbrang -	
- / /	
Filing Fee: \$52.50	
Certified Copy (optional): \$52.50	
Certificate of Status (optional): \$8.75	