## A000001288

,
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
AUTHORIZATION BY PHONE TO CORRECT remove effective DATE 117/10  DOC. EXAM.

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10-JUL -6 AM 10: 28
SECRETARY OF STATE
TAIL AHASSEE, FLORIDA

## **COVER LETTER**

TO: Registration : Division of C				
	Altamonte Man			
The enclosed Certific	cate of Amendment a	nd fee(s) are	submitted	for filing.
Please return all corr	espondence concerni	ng this matter	to:	•
	Gary Abriola			
	Contact Person			•
Altamonte Ma	nor Family Limited	Partnership		
	Firm/Company			
875 W	lymore Road, Suite	101		
	Address			
Altamon	te Springs, Florida	32714		
	City, State and Zip Code		<del></del>	•
				J.,
E-mail address: (to	be used for future annual	report notificati	ion)	
For further informati	on concerning this m	atter, please o	call:	
Garv	Abriola	at (56^	1 )	414-4130
Name of Conta				time Telephone Number
Enclosed is a check	for the following amo	ount:		
\$52.50 Filing Fee	\$61.25 Filing Fee and Certificate of Status	\$105.00 F and Certified		\$113.75 Filing Fee, Certified Copy, and Certificate of Status
STREET ADDRES Registration Section Division of Corporat Clifton Building 2661 Executive Cen Tallahassee, FL 323	ions ter Circle	Re Di P.	gistration vision of O O. Box 63	Corporations

## CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

FILIED

10 JUL -6 AM IO: 28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Altamonte Manor Family Limited Partnership TELAHASSEE, FLOR

Pursuant to the provisions of section 620.1202, Flo limited liability limited partnership, whose certific		
8-17-2000, assigned Flor		
adopts the following certificate of amendment to it	ts certificate c	of limited partnership.
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the linhere:	mited partners	ship or limited liability limited partnership
New name must be distinguisha	able and contain	an acceptable suffix.
Acceptable Limited Partnership suffixes: Limited Partnershi Acceptable Limited Liability Limited Partnership suffixes: L		
B. If amending mailing address and/or princip principal office address here:	al office add	ress, enter new mailing 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 registernew registered agent and/or the new registered office		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter	Florida street address
	<u></u>	, Florida
<del></del>	Citv	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.

Add Remove
Add Remove

- 1250	
Effective date, if other than the ( Effective date cannot be prior to nor no State.)	date of filing:
Signature(s) of a general partn	tner or all general partners*:
removing a "limited liability limited pa	partner is required to sign this document unless the limited partnership is adding of partnership" election statement. Chapter 620, F.S., requires all general partners to liability limited partnership" election statement.)
GDR Members LL	_ C By Hary Obride, managing
Signature(s) of all new or disse	sociating general partner(s), if any:
GDR Members Will e GDR MANAgement	LL By Hary Obride, manging
e GDR I Aragement	FTT Hay Hary Chine Mondant
	AE L
Filing Fee:	\$52.50 ASS
Certified Copy (optional):	\$52.50