## A0000001517

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G. MCLEOD

MAY - 6 2008

**EXAMINER** 



600128278996

05/02/08--01047--034 \*\*52.50

58 MAY -2 PM 1:58

SECRETARY OF STATE DIVISION OF CORPORATION

### **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT: LOIRA FAMILY LIMITED TOWN SYSHIP  (Name of Florida Limited Partnership or Limited Liability Limited Partnership)				
The enclosed Certificate of Amendment and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to:				
GINETTE O'ROZCO				
LOIRA FAMILY LIMITED TRENERSITIF				
(Firm/Company) 452 W. FLABLER STREET				
(Contact Person)  LOIRA FAMILY LIMITED TRANSCIPITED  (Firm/Company)  452 W. FLABLER STREET  (Address)  MIANI', Fl. 33149  (City, State and Zip Code)				
(City, State and Zip Code)				
For further information concerning this matter, please call:				
GINETTE OPOZCO at (305) 361-0/63				
(Name of Contact Person) (Area Code and Daytime Telephone Number)				
Enclosed is a check for the following amount:				
\$52.50 Filing Fee and Certificate of Status  \$105.00 Filing Fee S113.75 Filing Fee, Certified Copy, and Certificate of Status				
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301  MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314				

# CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP MAY -2 PH 1:58 (Insert name currently on file with Florida Department of State)

(interview) on		······································
Pursuant to the provisions of section 620.1202, limited liability limited partnership, whose certi, adopts the	ficate was filed with	
limited partnership.	•	
This amendment is submitted to amend the following	:	
A. If amending name, enter the new name of the	limited partnership	or limited liability limited partnership
<u>here</u> : /∪/ A		
(New name must be distinguis	shable and contain an a	cceptable suffix.)
Acceptable Limited Partnership suffixes: Limited Partner Acceptable Limited Liability Limited Partnership suffixes		
B. If amending the registered agent and/or regisnew registered agent and/or the new registered off		on our records, enter the name of the
Name of New Registered Agent:	N/A	A-14-18-50-1
New Registered Office Address:	C , FI	· · · · · · · · · · · · · · · · · · ·
	(Enter Pu	orida street address)
		, Florida
	(City)	(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 Registered Agent, Signature of New Registered Agent)

### C. 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>	<u>Address</u>	Type of Action		
<del>~~</del>	BETTY PERDONE	1952 W FLACE	Add O / Remove /		
<u>6P</u>	SABEL LIEUANO	7602 CERUAUTE SPRING FIGUD, UP			
			Add Remove		
limited partne	ted partnership or limited liabil rship" status, enter change here ed Partnership hereby elects to be	» NA	-		
☐ This Limit	ed Partnership hereby removes its	s "Limited Liability Limited Pa	rtnership" status.		
(NOTE: If adding or removing" limited liability limited partnership" status, all general partners must sign this amendment.					
E. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)					

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 is filed by the Florida Department of State.)				
Signature(s) of a general partner or all general part	ners*:			
(*NOTE: Only one current general partner is required to sign this removing a "limited liability limited partnership" election stateme when adding or removing a "limited liability limited partnership"	nt. Chapter 620, F.S., requires all general partners to sign			
Satte Direcs.				
Signature(s) of all new or dissociating general partn	er(s), if any:			
Toobe Dieson				
Filing Fee: Certified Copy (optional):  \$52.50 \$52.50				
Certified Copy (optional): \$52.50 Certificate of Status (optional): \$8.75				