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COVER LETTER

TO: Registration Section	:A
Division of Corporations	
SUBJECT: SUNKISS CITRUS LTI) .
Name of Florida Limited Pa	rtnership or Limited Liability Limited Partnership
The enclosed Certificate of Amendment a	nd fee(s) are submitted for filing.
Please return all correspondence concerni	ng this matter to:
·	,
ELWOOD P. SAFRON	2
Contact Person	
Firm/Company	
2222 Candra Dina Dudasa	EALLAHASS
2323 Sandy Pine Drive Address	
	<u>ිදුම් </u>
Punta Gorda, Florida 33982	المدا سود
City, State and Zip Code	
gtmanley@aol.com	
E-mail address: (to be used for future annual	report notification)
For further information concerning this m	atter, please call:
Gail Manley	at (941) 625-6368
Name of Contact Person	Area Code and Daytime Telephone Number
Enclosed is a check for the following amo	ount:
X\$52.50 Filing Fee \$61.25 Filing Fee and Certificate of	\$105.00 Filing Fee \$113.75 Filing Fee, Certified Copy, and
Status	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

SUNKISS CITRUS.LTD.	•		
Insert name currently on file	e with Florida Departr	nent of State	
Pursuant to the provisions of section 620.1202, Flainited liability limited partnership, whose certific 10/11/2000, assigned Floradopts the following certificate of amendment to i	cate was filed with rida document nun	the Florida Department of Stat ber <u>A00000001587</u>	e on ,
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the li</u> here:	mited partnership	or limited liability limited partne	ership
New name must be distinguish:	able and contain an ac	ceptable suffix.	
Acceptable Limited Partnership suffixes: Limited Partnersh Acceptable Limited Liability Limited Partnership suffixes: L			
B. If amending mailing address and/or princip principal office address here:	oal office address,	enter new mailing address ar	nd/or
New Principal Office Address: (Must be STREET address)		S S S S S S S S S S S S S S S S S S S	
New Mailing Address: (May be post office box)		FLORING #	Francis :
(may be post office box)			
C. If amending the registered agent and/or registenew registered agent and/or the new registered offic		on our records, enter the name	of the
Name of New Registered Agent:	_		
New Registered Office Address:			
	Enter Flor	ida street address	
	City	, Florida 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

D.	If amending the	general	partner(s),	enter the	name and	business	address of	feach g	eneral	partner	being
ado	led or removed fro	om our r	ecords:								

GP	Sunkiss Groves, Inc.	2323 Sandy Pine Drive Punta Gorda, Florida 339	Add Remove
GP	Elwood P. Safron	2323 Sandy Pine Drive Punta Gorda, Florida 3	And Company of the co
_GP	Barbara Ann Safron	2323 Sandy Pine Drive Punta Gorda, Florida 33	_ KAdd ⊋
			Add Remove
			Add Remove
			Add Remove

Page 2 of 3

This Limited Partnership hereby 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.)

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Effective date, if other than the date of filing:	Et on W
(Effective date cannot be prior to nor more than 90 days after th State.)	he date this document is filed by the Florida Department of
Signature(s) of a general partner or all general pa	rtners*:
(*NOTE: Only one current general partner is required to sign t	his document unless the limited partnership is adding or
removing a "limited liability limited partnership" election stater when adding or removing a "limited liability limited partnership	ment. Chapter 620, F.S., requires all general partners to sig
Elwood P. Safron President of	60 1-
Sunkiss Groves, Inc., a Florida	Church Color
Corporation	genorg g geno
Signature(s) of all new or dissociating general par	tner(s), if any:
Elwood P. Safron, President of	
Sunkiss Groves, Inc., a Florida	Mund Sofral
Elwood P. Safron	Ellword f. Safrow
Park and Arm C. C.	But Open Silver
Barbara Ann Safron	Mirwara WWW Dogrov
	V
Filing Fee: \$52.50 Certified Copy (optional): \$52.50	