

AD1 0000000231

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

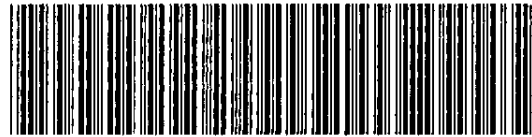
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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D. BRUCE

MAR 8 2011

EXAMINER

# FLEMING & FLEMING, PLLC

ATTORNEYS AT LAW

11891 US Highway One, Suite 100  
North Palm Beach, FL 33408  
561-622-2700 Fax 561-622-2841

Joseph M. Fleming, Esquire  
Joshua M. Fleming, Esquire  
Christian M. Fleming, Esquire

Claire C. Peterson, CP

March 2, 2011

Ms. Deborah Bruce  
Florida Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

RE: Northrop Family Limited Partnership  
Ref. Number: A01000000231

Dear Ms. Bruce:

Attached is your cover letter and original Certificate of Amendment to Certificate of Limited Partnership of The Northrop Family Limited Partnership which was returned to our office today. Pursuant to your letter, our check in the amount of \$105 was previously forwarded.

Upon receipt of the attached, please issue a certified copy of the Certificate of Amendment and forward to this office.

Thank you for your attention to this matter.

Sincerely,

*Claire C. Peterson*  
Claire C. Peterson, CP

11 MAR -7 PM 1:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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Enclosure

cc: Christian M. Fleming, Esquire

IRS Circular 230 now requires the following statement:  
IRS Circular 230 Disclaimer: To ensure compliance with IRS Circular 230, any U.S. federal tax advice provided in this communication is not intended or written to be used, and it cannot be used by the recipient or any other taxpayer (i) for the purpose of avoiding tax penalties that may be imposed on the recipient or any other taxpayer, or (ii) in promoting, marketing or recommending to another party or other entity, investment plan, arrangement or other transaction addressed herein.



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 16, 2011

CHRISTIAN M. FLEMING  
FLEMING & FLEMING, PLLC  
11891 US HIGHWAY ONE, SUITE 100  
NORTH PALM BEACH, FL 33408

SUBJECT: THE NORTHROP FAMILY LIMITED PARTNERSHIP  
Ref. Number: A01000000231

We have received your document for THE NORTHROP FAMILY LIMITED PARTNERSHIP and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A general partner must sign the document.

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) 245-6984.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 311A00004066

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11 MAR -7 PM 4:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** The Northrop Family Limited Partnership  
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:

Christian M. Fleming

Contact Person

Fleming & Fleming, PLLC

Firm/Company

11891 US Highway One, Suite 100

Address

North Palm Beach, FL 33408

City, State and Zip Code

cfleming@lawpalmbeach.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christian M. Fleming

Name of Contact Person

at ( 561 )

622-2700

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$52.50 Filing Fee

☐ \$61.25 Filing Fee  
and Certificate of  
Status

☒ \$105.00 Filing Fee  
and Certified Copy

☐ \$113.75 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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**The Northrop Family Limited Partnership**

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 February 12, 2001, assigned Florida document number A01000000231, 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 limited partnership or limited liability limited partnership here:**

\_\_\_\_\_  
New name must be distinguishable and contain an acceptable suffix.

*Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.*

*Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.*

**B. If amending mailing address and/or principal office address, enter new mailing address and/or principal office address here:**

New Principal Office Address:

(Must be STREET address)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

New Mailing Address:

(May be post office box)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**C. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

\_\_\_\_\_

New Registered Office Address:

\_\_\_\_\_

Enter Florida 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

**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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
GP	Ellen Joan Najarian	135 East Mulberry Drive Milford PA 18337	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
GP	C. Arthur Northrop	Trustee 10882 Egret Point Lane West Palm Beach FL 33411	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
GP	Ellen M. Northrop	Trustee 10882 Egret Point Lane West Palm Beach FL 33411	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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TALLAHASSEE, FLORIDA  
CLERK OF SUPERIOR COURT

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

- ☐ 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.)**

F. 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 partners\*:**

(\*NOTE: Only one current general partner is required to sign this document 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 statement.)

Ellen Jean Nijmeh, G.P.

**Signature(s) of all new or dissociating general partner(s), if any:**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Filing Fee: \$52.50  
Certified Copy (optional): \$52.50  
Certificate of Status (optional): \$8.75