## A01000000954

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B. BOSTICK
MAR 1 0 2010

EXAMINER

## **COVER LETTER**

Division of	Corporations								
SUBJECT:N	WMSE L						ership		
The enclosed Certif	ficate of Amendment a	and fee(s)	are subi	mitted	for fili	ng.			
Please return all con	respondence concerni	ing this n	natter to:						
<u> </u>	OBERT L WENZEL	-	<del></del> .	_					
	Contact Person								
ROBE	RT L WENZEL CP	A PA		_					
	Firm/Company								
207	75 FRUITVILLE RO	AD		_		٠			
	Address						ALL		
S	ARASOTA FL 3423	7					À≓	MAR -9 PM I: 10	14 <b>.</b> E1
	City, State and Zip Code			_			ASS.	1	4)44 4)4
CPA	AWENZEL@AOL.C	ОМ					mc.		i Marin Ma Marin Ma Marin Ma Ma Ma Ma Ma Ma Ma Ma Ma Ma Ma Ma Ma
E-mail address: (t	o be used for future annua	l report not	ification)	-			声の		
							ORI PAT	<del></del>	
For further information	tion concerning this m	natter, ple	ase call:				ĐΑ	$\bigcirc$	
ROBER <sup>1</sup>	T L WENZEL	at (	941	1	9	53-777	77		
Name of Cont			ea Code a	nd Day	-				
Enclosed is a check	for the following amo	ount:							
\$52.50 Filing Fee	\$61.25 Filing Fee and Certificate of Status		5.00 Filing ertified Cop		Certif	13.75 Fi fied Cop ficate of			
STREET ADDRES Registration Section Division of Corpora Clifton Building 2661 Executive Cer	n utions nter Circle		MAIL Registr Division P. O. E Tallaha	ration on of O Box 63	Section Corpora 127	n ations			
Tallahassee, FL 323	3UI								

## CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

WMSE LIMITE	D PARTNERSHIP
Insert name currently on fil	le with Florida Department of State
<u>07/16/2001</u> , assigned Flo	cate was filed with the Florida Department of State on rida document number <u>A0100000954</u> ,
adopts the following certificate of amendment to	its certificate of limited partnership.
This amendment is submitted to amend the following:	
	imited partnership or limited liability limited partnership
<u>here</u> :	
New name must be distinguish	able and contain an acceptable suffix.
Acceptable Limited Partnership suffixes: Limited Partnersh Acceptable Limited Liability Limited Partnership suffixes: I	tip, Limited, L.P., LP, or Ltd. Limited Liability Limited Partnership, L.L.L.P. or LLLP.
B. If amending mailing address and/or princip principal office address here:	pal office address, enter new mailing address and/or
New Principal Office Address: (Must be STREET address)	AHAR 10
New Mailing Address:	FISH TO
(May be post office box)	——————————————————————————————————————
C. If amending the registered agent and/or registenew registered agent and/or the new registered offic	ered office address on our records, <u>enter the name of the</u> e <u>address here</u> :
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.

<u>tle</u>	<u>Name</u>	<u>Address</u>	Type of Action
<del></del>	MARY E EDINGER	7377 SCOTLAND WAY APT 6314 SARASOTA FL 34242	Add _ Remove
			Add Remove
<del></del>			Add Remove
			Add = Remove
	<del> </del>		Add Remove
			Remove

(NOTE: If adding or removing" limited liability limited partnership" status, all general partners must sign this amendment.)

ffective date, if other than the date of filing:	
Effective date, if other than the date of filling.  Effective date cannot be prior to nor more than 90 days after the date this document is tate.)	s filed by the Florida Department of
ue.j	
ignature(s) of a general partner or all general partners*:	
NOTE: Only one current general partner is required to sign this document unless the moving a "limited liability limited partnership" election statement. Chapter 620, F.S.	e limited partnership is adding or
hen adding or removing a "limited liability limited partnership" election statement.)	.,,
, \\\\	
Citing Gel	
	7
ignature(s) of all new or dissociating general partner(s), if any:	TI P
Man de Adences	AR T
Mary 6 Idenger	
	GRID L: I
	A
iling Fee: \$52.50	
ertified Copy (optional): \$52.50	