

A02000000507

(Requestor's Name)

(Address)

(Address)

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☐ PICK-UP

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☐ MAIL

(Business Entity Name)

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800118233688

02/25/08--01008--004 **105.00

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08 FEB 25 AM 9:46
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. KOHR

MAR 13 2008

EXAMINER

CORPDIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: ASHLEY SMITH

DATE: 02-25-2008

REF. #: 000174.82211

CORP. NAME: ORNS ENTERPRISE ASSOCIATES, LTD.

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08 FEB 25 PM 3:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

- | | | |
|--|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input checked="" type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 524855 **FOR \$** 105.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ **COST LIMIT: \$** _____

PLEASE RETURN:

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 25, 2008

ASHLEY SMITH
CORPDIRECT AGENTS
TALLAHASSEE, FL

SUBJECT: ORNS ENTERPRISE ASSOCIATES, LTD.
Ref. Number: A02000000507

* Please use original
submission date
as file date *

RECEIVED
08 MAR 13 PM 2:03
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

We have received your document for ORNS ENTERPRISE ASSOCIATES, LTD. and your check(s) totaling \$105.00. However, the enclosed document has been filed and is being returned for the following correction(s):

Please note that we have RETAINED your \$105.00 payment.

In addition to the signatures of the new general partners, the amendment must also contain the signatures of the withdrawing general partners.

The document must be signed by the dissociating general partner unless the document states the general partner is deceased or a guardian or general conservator has been appointed or the general partner previously filed a Statement of Dissociation with the Florida Department of State.

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) 245-6914.

Buck Kohr
Regulatory Specialist II

Letter Number: 208A00011616

FILED
08 FEB 25 PM 3:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**AMENDMENT TO THE
CERTIFICATE OF LIMITED PARTNERSHIP
OF
ORNS ENTERPRISE ASSOCIATES, LTD.
a Florida limited partnership**

FILED
08 FEB 25 PM 3:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned, constituting both the new and the withdrawing General Partners of ORNS ENTERPRISE ASSOCIATES, LTD., a Florida limited partnership, whose Certificate of Limited Partnership was filed with the Secretary of State, State of Florida on August 5, 2002, hereby amends said Certificate of Limited Partnership of ORNS ENTERPRISE ASSOCIATES, LTD., a Florida limited partnership, as follows:

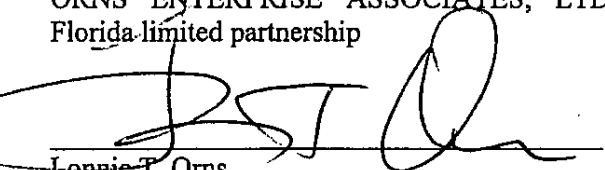
1. General Partner. The term "General Partner" shall mean Lonnie T. Orns, Jill R. Orns, Pamela B. Morris and Ivy L. Kitenplon, or any other person or entity admitted as a General Partner by consenting to be bound by the terms of this Agreement. A General Partner may be both a General Partner and a Limited Partner. The address of the General Partner is: 12406 Windtree Blvd., Seminole, FL 33772.
2. Except as expressly provided herein, all of the terms and provisions of the Certificate of Limited Partnership shall remain in full force and effect and are hereby ratified and confirmed.
3. The execution of this Amendment by the undersigned constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

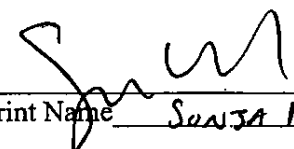
IN WITNESS WHEREOF, the undersigned General Partners of the Partnership have consented to the execution of this Amendment to the Certificate of Limited Partnership of ORNS ENTERPRISE ASSOCIATES, LTD., a Florida limited partnership, below, on the 31st day of December, 2007.

WITNESSES:

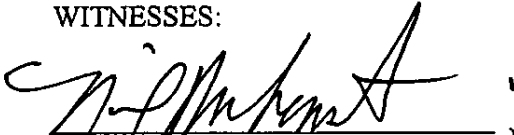
ORNS ENTERPRISE ASSOCIATES, LTD., a
Florida limited partnership

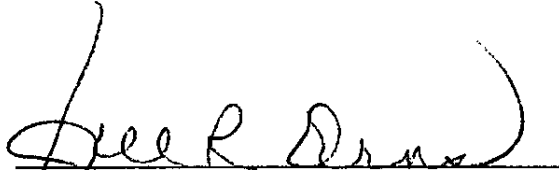

Print Name NEIL RUBENSTEIN

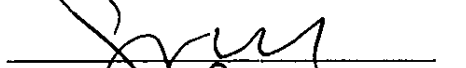

Lonnie T. Orns



Print Name SUSAN BALLER


WITNESSES:

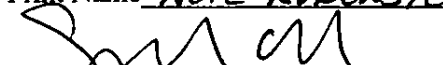

Print Name NEIL RUBENSTEIN

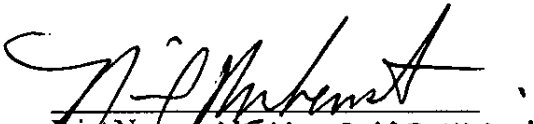

Jill R. Orms

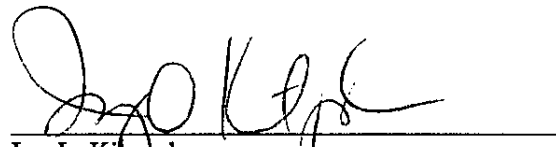

Print Name SONJA BALCER



Print Name NEIL RUBENSTEIN


Pamela B. Morris

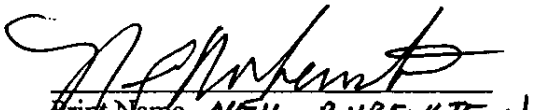

Print Name SONJA BALCER

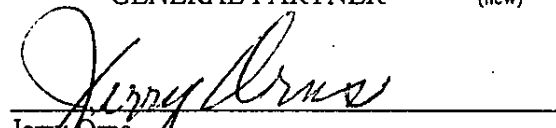

Print Name NEIL RUBENSTEIN

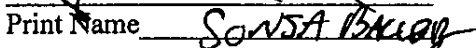

Ivy L. Kitenplon


Print Name SONJA BALCER

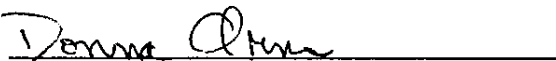
"GENERAL PARTNER" (new)



Print Name NEIL RUBENSTEIN


Jerry Orms


Print Name SONJA BALCER


Print Name NEIL RUBENSTEIN


Donna Orms


Print Name SONJA BALCER

"WITHDRAWING GENERAL PARTNERS" (old)