Division of Corporations



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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : FLORIDA FILING & SEARCH SERVICES

Account Number : 120000000189 : (850)216-0457

Fax Number : (850)216-0460

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Email	Address	
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LP/LLLP AMENDMENT/RESTATEMENT/CORRECTION TE JOSEPH BURNS FAMILY LIMITED PARTNERSHIP 2, LTD.

Certificate of Status Certified Copy 0 Page Count 04 Estimated Charge \$52.50

D. BRUCE

MAY 17 2010

EXAMINER

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AM 8: 58

H10000117035 3

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: The Joseph Burns Family Limited Partnership 2, Ltd. (Name of Florida Limited Partnership or Limited Liability Limited Partnership)

The enclosed Certificate of Amendment and fee(s) are submitted for filing.

7)

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

H10000117035 3

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

	on file with Florida Department of State)
mited partnership, whose ce	12, Florida Statutes, this Florida limited partnership or ertificate was filed with the Florida Department of State on I Florida document number <u>A0200000579</u> , at to its certificate of limited partnership.
submitted to amend the followi	ing:
ame, enter the new name of t	the limited partnership or limited liability limited partnership
Summa	Associates, LP
(New name roust be disting	(uishable and contain an acceptable suffix.)
lability Limited Partnership suffix	nership, Limited, L.P., LP, or Ltd. Kes. Limited Liability Limited Partnership, L.L.L.P. or LLLP.
malling address and/or pri ce address here:	incipal office address, <u>enter new mailing address and/or</u>
v Principal Office Address:	TO MAY
st be STREET address)	ASS.
/ / / / / / / / / / / / / / / / / / /	mc 1
v Mailing Address; v be post office box)	
	(Insert name carrently revisions of section 620.120 inited partnership, whose consisted partnership, whose consisted partnership amend the follow same, enter the new name of Summa (New name must be disting the same of the

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)
		(City) , Florida (Zin Code)

Page 1 of 3

FROM	: FI	DP I	DO	FIL	ING
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FAX NO. :8502160460

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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 smending the general partner(s), enter the name and business address of each general partner being added or removed from our records:

<u>Title</u>	Name	Address	Type of Action
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			☐ Remover = =
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	,		☐ Add ☐ Remove
, .			Add

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.)

Page 2 of 3

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3ffective date, if other than the	e date of filing:			
Mictive date, if other than the Effective date cannot be prior to not Vate.)	r more than 90 days after	the date this document is fl	lled by the Florida Department o	Ŧ
iignature(s) of a general par	tner <u>or all gen</u> eral p	artners*:		
*NOTE: Only one current general:	partner is required to sign	this document unless the li	imited partnership is adding or	
emoving a "limited liability limited then adding or ramoving a "limited	partnership" election state	ement. Chapter 620, F.S., r	equires all general parmers to sig	gn gn
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		CHRISTOPHE		-
		CHRISTOPHE		-
ignature(s) of all new or diss	sociating general pa			-
ignature(s) of all new or diss	sociating general pa			4
ignature(s) of all new or diss	sociating general pa			Na.
ignature(s) of all new or diss	ocleting general pa		BORNS ALLAHASSEE, FL	
ignature(s) of all new or diss	sociating general pa		BORNS HALLAHASSEE FLOR	
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ignature(s) of all new or diss	sociating general pa		BORNS 14 LLAHASSEE, FLORIGE	