## A030000005

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone #	9)
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Name	)
(Do	ocument Number)	
Certified Copies	_ Certificates o	f Status
Special Instructions to	Filing Officer:	
		A
	Office Use Only	7

B. KOHR

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EXAMINER



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## COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Lombardi Family, LLLP
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:
Gary Lombardi
Contact Torson
Firm/Company
2107 HW 92, West
Auburndale, FL 33823
City, State and Zip Code
CAMAN THONY (a) MSN. COM Email gddress: (to be used for future annual report notification)
For further information concerning this matter, please call:
Cary Lowbeveli at (863) 967-6767  Name of Contact Person Area Code and Daytime Telephone Number
Enclosed is a check for the following amount:
\$52.50 Filing Fee and Certificate of Status  \$105.00 Filing Fee S113.75 Filing Fee, Certified Copy, and 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

Lombardi Fi	Auvy,	LLLP		·	7
Insert name curren	ntly on file wi	th Florida Departm	ent of State		4
Pursuant to the provisions of section 620. limited liability limited partnership, whose 04/15/2003, assignators the following certificate of amendations.	e certificate gned Florida	was filed with document num	the Florida De ber <b>A 0</b> 3 0	epartment of S	State on Q
This amendment is submitted to amend the fol			,		
A. If amending name, <u>enter the new name</u> <u>here</u> :	J	ed partnership o	r limited liabil	ity limited pa	rtnership
New name must be di	istinguishable	and contain an acc	eptable suffix.		<del></del>
Acceptable Limited Partnership suffixes: Limited i Acceptable Limited Liability Limited Partnership :				L.L.P. or LLLP.	
B. If amending mailing address and/or <u>principal office address here</u> :	· principal o	office address,	enter new ma	iling address	s and/or
New Principal Office Address (Must be STREET address)	<u></u>				
New Mailing Address: (May be post office box)	·				
C. If amending the registered agent and/onew registered agent and/or the new register			n our records,	enter the nat	ne of the
Name of New Registered Agent:	· GAY	y LOM/	Ardi	<del>/</del>	
New Registered Office Address:	Advr	Enter Florid	a street address , Florida	33823	
	C	Juy	2	лр Coae	

## New Registered Agent's Signature, if changing Registered Agent:

comp	ly with the pro	appointment as registered agent visions of all statutes relative to d accept the obligations of my p	the proper and complete perfosition as registered agent.	formance of my duties, and I	
			If Changing Registered Agent, Sign	ature 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:				
	Title	Name	Address	Type of Action	
	Mvs.	Betty J. Lombardi Coeceased)	PO BOX 964 Auburndale, FL 33823	Add Remove	
	<del></del>			Add Remove	
	·			Add Remove	
				Add Remove	
				Add Remove	
	<del></del>			Add Remove	
E. If	the limited p	artnership or limited Hability o" status, enter change here:	limited partnership is amer	iding its "limited liability	
	This Limited	Partnership hereby elects to be a	a "Limited Liability Limited P	artnership."	
	This Limited	Partnership hereby removes its	"Limited Liability Limited Pa	rtnership" status.	

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

F. If amending any other information, e	enter change(s) here: (Attach additional sheets, if necessary.)
Effective date, if other than the date of filing	g:
(Effective date cannot be prior to nor more than 90 to State.)	days after the date this document is filed by the Florida Department of
Signature(s) of a general partner or all ge	eneral partners*:
	red to sign this document unless the limited partnership is adding or ection statement. Chapter 620, F.S., requires all general partners to sign l partnership" election statement.)
Han Oscill	
TP	· · · · · · · · · · · · · · · · · · ·
<u> </u>	
Signature(s) of all new or dissociating ger	neral partner(s), if any:
Betty & Sondadi Cdea	cersed)
by Was Oxa let execute	i Or
1 11 3 11 1 1 1 1	•
	· · · · · · · · · · · · · · · · · · ·
<del></del>	**************************************
Filing Fee: \$52.50	
Certified Copy (optional): \$52.50 Certificate of Status (optional): \$8.75	