## A03000007a1

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SECRETARY OF STATE
SECRETARY OF STATE
AND SSEE, FLORIDA

S. HAWKES

MAR \_ 8 2010

EXAMINER

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: BOOM INE	STMENT ADVISER, LLLP
Name of Florida Limite	d Partnership or Limited Liability Limited Partnership
The enclosed Certificate of Amendme	nt and fee(s) are submitted for filing.
Please return all correspondence conce	erning this matter to:
RICHARD PE	11
Contact Person	
TRADE STREET INVESTI	HENT ADVISED LLCP.
Firm/Company	
TRADE STREET INVESTIGATION FIRM/Company 19950 W COUNTRY ( Address	YUB DR. #801
Address	
A VENTURA, FL 3 City, State and Zip Co	33180
City, State and Zip Co	ode
7 PEILO 20000000	la Com
E-mail address: (to be used for future an	nual report notification)
For further information concerning thi	s matter, please call:
RICHARD PELL	at (786) 248-5200  Area Code and Daytime Telephone Number
Name of Contact Person	Area Code and Daytime Telephone Number
Enclosed is a check for the following a	amount:
\$52.50 Filing Fee \$61.25 Filing Fe 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

	STHENT ADVISER, LLP
Insert name curren	tly on file with Florida Department of State
limited liability limited partnership, whose	202, Florida Statutes, this Florida limited partnership or certificate was filed with the Florida Department of State and Florida document number 40300000 754, sent to its certificate of limited partnership.
This amendment is submitted to amend the following	owing:
here:	of the limited partnership or limited liability limited partnership.
New name must be dis	STHENT ADVISEN, LLLP stinguishable and contain an acceptable suffix.
Acceptable Limited Partnership suffixes: Limited F	
B. If amending mailing address and/or principal office address here:	principal office address, enter new mailing address and/or
New Principal Office Addre (Musi be STREET address)	SUITE 801 AVENTURA, FR 33180
New Mailing Address: (May be post office box)	19950 W. COUNTRY CLUB DR. SUITE 801 AVENTURA, FZ 33180
C. If amending the registered agent and/or new registered agent and/or the new register	registered office address on our records, enter the name of the ed office address here:
Name of New Registered Agent:  New Registered Office Address:	RICHARD P. PEll 19950 W. Cowny Club De. #801
New Registered Office Address:	Enter Florida street address
	AVENTURA, Florida 33/80
	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>Title</u>	from our records: Name	Address	Type of Action
			Add Remove
			Add Remove
			[-1]
			□n
		44	TD
	l partnership or limited liabil hip" status, enter change here		amending its "limited liability

	E S
	The state of the s
	المراجع
Effective date, if other than the date of filing (Effective date cannot be prior to nor more than 90 c State.)	g:
Signature(s) of a general partner or all ge	
(*NOTE: Only one current general partner is requiremoving a "limited liability limited partnership" elewhen adding or removing a "limited liability limited	red to sign this document unless the limited partnership is adding or ection statement. Chapter 620, F.S., requires all general partners to sign partnership" election statement.)
D-181.R	
0	
Signature(s) of all new or dissociating ger	neral nartner(s), if any
Signature(s) of air new of dissociating ger	neral parties (on it any.
Filing Fee: \$52.50	
Certified Copy (optional): \$52.50	
Certificate of Status (optional): \$8.75	