A03000001162

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	<i>⊋ #</i>)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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06/02/06--01013--020 **52.50

SECRETARY OF STATE TALLAHASSEE.FLORIDA

EFFECTIVE DATE

103 Mez

COVER LETTER

TO: Registration Section

Tallahassee, FL 32301

Division of Corporations

SUBJECT: KULANGARA FAMILY LIMITED PARTNERSHIP I

(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:

R.	G. RAJU, CPA			
	(Contact Person)	 		
RELIANO	CE CONSULTI	NG, LLC		
	(Firm/Company)		<u></u>	
3105 W W	ATERS AVE	STE. 105	ZUUB JUN SECRET TALL AH	
(Address)			ARE OR	
TAMPA, FL 33614		4	TARY ASSE	
	(City, State and Zip Code))	ma =	
For further informa	tion concerning this m	atter, please call:	OF STATE	
R.G. RAJU,	CPA	_{at (} 813 ₎ 9	31-7258	
(Name of Contact Person)		(Area Code and Daytime Telephone Number)		
Enclosed is a check	for the following amo	ount:		
✓ \$52.50 Filing Fee	\$61.25 Filing Fee and Certificate of Status	\$105.00 Filing Fee and Certified Copy	\$113.75 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		



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 8, 2006

R.G. RAJU 3105 W WATERS AVE, SUITE 105 TAMPA, FL 33614

SUBJECT: KULANGARA FAMILY LIMITED PARTNERSHIP I

Ref. Number: A03000001162

2006 JUN -2 PM 3: 29
SECRETARY OF STATE C

We have received your document for KULANGARA FAMILY LIMITED PARTNERSHIP I and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

When amending the general partner(s), the document must contain the name and business address of each new general partner.

The document must be signed by a current general partner, if any, and by each newly designated general partner(s).

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) 245-6020.

Tammi Cline Document Specialist

Letter Number: 706A00039477

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP **OF**

OF Sign Sign
KULANGARA FAMILY LIMITED PARTNERSHIP
(Insert name currently on file with Florida Department of State)
partnership or limited liability limited partnership, whose certificate was filed with the
certificate of amendment to its certificate of limited partnership.
FIRST: Amendment(s): (Indicate information being amended, added, or deleted)
DELETE: NAME: RACHEL JAMES; TITLE; G
ADD: NAME: JULIA M. JAMES: TITLE: G
ADD: NAME: JENEY S. JAMES: TITLE: G
ADD: NAME: JEMIE M. JAMES: TITLE: G
ADD: NAME: JONATHAN M. JAMES: TITLE: G
AMEND: ADDRESS: 915 HICKORY FORK DR. SEFFNER, FL 33584
*THE ADDRESS LISTED ABOVE IS THE SAME FOR ALL GENERAL PARTNERS
SECOND: Effective date, if other than the date of filing:JULY 1, 2006
(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)
Signature(s) of a general partner(s)*:
(*Note: If adding or deleting an election to be a limited liability/limited partnership statement, all general
partners must sign the amendment.)
Mules Lances and fundo
-lenewhouses T
James James
- 1 1 1 1 1 1 1 1 1 1
Signature(a) of new or disposinting consent negative(a) if any
Signature(s) of <u>new</u> or <u>dissociating</u> general partner(s), if any:
Filing Fee: \$52.50
Certified Copy (optional): \$52.50
Certificate of Status (optional): \$8.75