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C. LEWIS

MAR 1 7011

EXAMINER

COVER LETTER

PO: Registration Section Division of Corporations
SUBJECT: BEVERLY FINANCIAL, LULP.
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:
HOWARD A. JACOBS
JACOBS CAPTIAL PARTNERS LLC
1324 S. LAKESHOLE DR.
SARASOTA, FZ 34231
City, State and Zip Code HOWALNE JACOBS CAPITAL PATTINGS. COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Howard A. Jacobs at (941) 356-1865 Name of Contact Person Area Code and Daytime Telephone Number
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 \$61.25 Filing Fee and Certified Copy Certified Copy, and Certificate of Status
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

CERTIFICATE OF AMENDMENT TO

FILED 2011 FEB 28 PM 1 10

CERTIFICATE OF LIMITED PARTNERSHIP

TALLAHASSEE ESTATE

1110

_ DEVERLY MAN	SUAL,		ASSEE, FLORIDA
Insert name currently of	on file with Flor	da Department of Stat	e
Pursuant to the provisions of section 620.1202 limited liability limited partnership, whose ceres assigned, assigned	rtificate was Florida docu	iled with the Florid ment number <u>HD</u> 2	da Department of State on 60000 217,
adopts the following certificate of amendment	t to its certific	ate of limited parti	nersnip.
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of there:	he limited par	tnership or limited	Hability limited partnership
_			
New name must be disting	zuishable and co	ntain an acceptable sur	ffix.
Acceptable Limited Partnership suffixes: Limited Partnership suffix Acceptable Limited Liability Limited Partnership suffix	nersnip, Limited kes: Limited Lia	L.P., LP, or Lia. bility Limited Partners.	hip, L.L.L.P of LLLP.
B. If amending mailing address and/or pri principal office address here:	ncipal office	address, enter ne	w mailing address and/or
New Principal Office Address: (Must be STREET address)			
(min se erriagi una sa)			
New Maiting Address:	<u> </u>		
(May be post office box)		· · · · · · · · · · · · · · · · · · ·	
	 -		
C. If amending the registered agent and/or renew registered agent and/or the new registered	gistered office	address on our rec	cords, enter the name of the
			
Name of New Registered Agent:		 	
New Registered Office Address:			
	H	inter Florida str eet a	ddress
	<u>.</u>	, Flor	
	City		Zip Code

FILED

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

2011 FEB 28 PM 19 10

I hereby accept the appointment as registered agent and agree to act in this clipacity of STATE 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 amending the general partner(s), enter the name and business address of each general partner being added or removed from our records:

<u>Title</u>	<u>Name</u>	1 170	Address 43	Type of Action		
	JACOBS CAPITA	a frances le	Address - 1324 S. LANGHORE DE SANGENTA, FR. 34231	P		
	BEVERLY Man	ACTIMENTIL	SHEASOTA FL 34231	Add Add Remove		
				Add		
				_ Add _ Remove		
<u></u>				Add Remove		
				Add		
	nited partnership or nership" status, ente		limited partnership is amene	ling its "limited liability		
This L	imited Partnership he	reby elects to be a	"Limited Liability Limited Pa	rtnership."		
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.)

F. If amending any other information, e	nter change	(s) here: (Attach additio	nal sheets, if necessary.)
	_		
	\rightarrow		
			
Effective date, if other than the date of filing Effective date cannot be prior to nor more than 90 date.)	g: lays after the	date this document is filed t	by the Florida Department of
Signature(s) of a general partner or all ge	neral parti	<u>ners*:</u>	
*NOTE: Only one current general partner is require emoving a "limited liability limited partnership" elewhen adding or removing a "limited liability limited"	ction statemer	nt. Chapter 620, F.S., requi	ed partnership is adding or res all general partners to sign
ACORS CAPITAL POPETITES, L	ll		
orians A. Hopes-Presson	NT		
ignature(s) of all new or dissociating gen	eral partne	er(s), if any:	
1: APTIAC MACINERS L		BEVERLY MY	MAGENENT, LLC
oward A. Skioss-Passiss	JC	Howard A. J	Heors - Russon
Siling Fee: \$52.50 Certified Copy (optional): \$52.50 Certificate of Status (optional): \$8.75			2011 FEB 28 PI
	Page 3 of	13	EM : 10