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Florida Shoreline Investments, Ltd.

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Non Profit		Resignation of RA Officer/Director
Limited Liability		Change of Registered Agent
Domestication		Dissolution/Withdrawal
Other		Merger
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Annual Reports		Foreign
Fictitious Name		Limited Liability
Name Reservation		Reinstatement
Reinstatement		Trademark
		Other

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP

FLORIDA SHORELINE INVESTMENTS, LTD

CERTIFICATE OF AMENDMENT TO
CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF FLORIDA SHORELINE INVESTMENTS, LTD (Insert name currently on file with Florida Department of State) Pursuant to the provisions of section 620.1202, Florida Statutes, this Florida limited partnership or limited liability limited partnership, whose certificate was filed with the
FLORIDA SHORELINE INVESTMENTS, LTD
(Insert name currently on file with Florida Department of State)
Pursuant to the provisions of section 620.1202, Florida Statutes, this Florida limited partnership or limited liability limited partnership, whose certificate was filed with the Florida Department of State on 12/10/03 adopts the following certificate of amendment to its certificate of limited partnership.
FIRST: Amendment(s): (Indicate information being amended, added, or deleted)
Article 2: The business address of the limited partnership is as follows: c/o: Brenda McNeely, 516 S Granada AveOffice, Daytona Beach, FL 32118
Article 8: The name and address of the General Partner is as follows: Brenda McNeely. 516 S Granada AveOffice, Daytona Beach, FL 32118
SECOND: Effective date, if other than the date of filing:
(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.)
Brendamerely
Signature(s) of new or dissociating general partner(s), if any:

Filing Fee:

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Certified Copy (optional):

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Certificate of Status (optional):

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