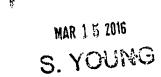
(Requestor's Name)			
(Ad	ldress)		
(Ad	ldress)		
(Cit	ty/State/Zip/Phone	9 #)	
PICK-UP	☐ WAIT	MAIL .	
(Ві	isiness Entity Nan	ne)	
(Do	cument Number)		
Certified Copies	_ Certificates	of Status	
Special Instructions to Filing Officer:			

Office Use Only



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COVER LETTER

TO: Registration Division of C					
SUBJECT:		E15en howe	ity Limited Parmership		
The enclosed Certifi	cate of Amendment a	nd fee(s) are submitted	l for filing.		
Please return all corr	espondence concerni	ng this matter to:			
Ben Mc	Pherson				
710 6	Contact Person				
- 11-1 EI	Senhower Firm/Company	, Ltd.			
201 FRON	r ST #10'	7		ਰ ਨ	
114 1	Address			6 MAR 14	AHA
Key Wy	est fl 3	3040		=	
(City, State and Zip Code			P	
E-mail address: (to	VATEREHIST be used for future annual	TORIC TOURS CON	\cap	PH 4: 17	ALLAHASSEEFFLORIDA
For further informati	on concerning this m	atter, please call:			شيار
Ben M9	Pheirson	_at (305) 6	192-8912		
Name of Conta			time Telephone Number	_	
Enclosed is a check t	for the following amo	unt:			
\$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 ADDRES	S:		ADDRESS:		
Registration Section	lama	Registration			
Division of Corporat Clifton Building	IOHS	P. O. Box 63	Corporations 327		
2661 Executive Cent	er Circle	Tallahassee,			

Tallahassee, FL 32301

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

	OF			
719 Eise	enhower	Ltd.		
	on file with Florida De			
Pursuant to the provisions of section 620.120 limited liability limited partnership, whose considered in the following certificate of amendments	ertificate was filed i I Florida document	with the Florida Department of number	State	on LA
This amendment is submitted to amend the follow	ing:			
A. If amending name, enter the new name of here:	the limited partners	hip or limited liability limited p	artners	<u>ship</u>
New name must be disting	guishable and contain a	an acceptable suffix.		
Acceptable Limited Partnership suffixes: Limited Partnership suffice ptable Limited Liability Limited Partnership suffixes. B. If amending mailing address and/or proprincipal office address here: New Principal Office Address: (Must be STREET address) New Mailing Address: (May be post office box)	xes: Limited Liability I	Limited Partnership, L.L.L.P. or LLL	-	SECRETARY OF STATE TALLAHASSEE, FLORIDA
C. If amending the registered agent and/or renew registered agent and/or the new registered		ess on our records, enter the na	ıme of	the
Name of New Registered Agent:			_	
New Registered Office Address:	Enter F	Florida street address	-	
		, Florida		
	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.

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>	<u>Address</u>	Type of Action
GIP_	Gerald R.Mosher	GOIL FRONT ST STE 1071 KEY WEST, FL 33040	Add Remove
			SECRE IN TALL AHAR Remove
			Add PH F ST
			Add Remove
			☐ Add ☐ Remove
			Add Remove
limited partnersh	ip" status, enter change here:	limited partnership is amendi	
		a "Limited Liability Limited Part "Limited Liability Limited Partn	-

Page 2 of 3

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

F. If amending any other info	ormation, enter ch	ange(s) here: (Attach additional :	sheets, if necessary.)
			· · · · · · · · · · · · · · · · · · ·
		, -, -, -, -, -, -, -, -, -, -, -, -, -,	
Effective date, if other than the da	te of filing:		
(Effective date cannot be prior to nor mo State.)	ore than 90 days after	r the date this document is filed by th	e Florida Department of
Signature(s) of a general partne	r or all general į	partners*:	
(*NOTE: Only one current general part removing a "limited liability limited part when adding or removing a "limited liab	nership" election sta-	tement. Chapter 620, F.S., requires a	ortnership is adding or all general partners to sign
		Edwin O.S	Sun CL-TT
		COWIN C.2	30141,111
	***************************************		16 LE
			LAHA LAHA
Signature(s) of all new or dissoc	iating general pa	rtner(s), if any:	SSEE
			FLO FIN
			J OF
 			
			
	······································		
Filing Fee:	\$52.50		
Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$8.75		