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(Requestor's Name)				
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(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
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(Document Number)				
Certified Copies	Certificates	of Status		
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SECRETARY OF STATE DIVISION OF COSTORATION

## **COVER LETTER**

TO: Registration Section Division of Corporations						
SUBJECT: 5 How Boat CAR WASH 212P (Name of Florida Limited Partnership)						
The enclosed Certificate of Amendment and fee(s) are submitted for filing.						
Please return all correspondence concerning this matter to:						
(Contact Person)						
,						
5 HOWBOAT CAR WASH (Firm/Company)						
(Firm/Company)						
520 So Popoce Do Land BLUS (Address)						
(Address)						
STAUSUSTINE FL. 32084 (City, State and Zip Code)						
(City, State and Zip Code)						
For further information concerning this matter, please call:						
(Name of Contact Person) at (9c9) 247-1011 (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  \$105.00 Filing Fee and Certified Copy Certified Copy, and Certificate of Status						
STREET ADDRESS: MAILING ADDRESS:						
egistration 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

SHOW BOAT C	AR WASH	LLLP	
(Insert name current	ly on file with Florida De	partment of State)	<del></del>
Pursuant to the provisions of section partnership or limited liability limit Florida Department of State on certificate of amendment to its certificate	ed partnership, whose	e certificate was filed	with the
FIRST: Amendment(s): (Indicate	information being am	ended, added, or dele	eted)
Linded PARTHERS			
Lindel PARTHERS FORMERLY DAVID DANZEISEN		prateo Limited	PARTHIRS
DAULD DAUZEISEN			
Scott Cale		DAULE DAUZE	SEN
Tom + BWENN Dullow			<del></del>
		<del> </del>	
Photo 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		<del></del>	· · · · · · · · · · · · · · · · · · ·
SECOND: Effective date, if other  (Effective date cannot be prior to nor more Department of State.)	_		
Signature(s) of a general partner(s)* (*Note: If adding or deleting an election to partners must sign the amendment.)  Land Pharman ar Calif	o be a limited liability lin		-
			<b>1</b>
Signature(s) of new or dissociating	general partner(s), is	îany:	SECRETON O.
	<b></b>		on TARE
Filing Fee:	\$52.50		<b>3</b> 68
Certified Copy (optional):	\$52.50		<del>က်</del> ဥက မွှ
Certificate of Status (optional):	<b>\$8.7</b> 5		