

A0400000/4/6

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

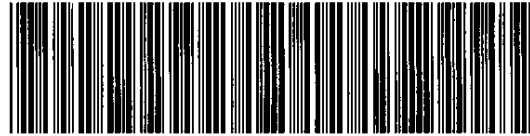
Special Instructions to Filing Officer:

A. LUNT

JUN -2 2010

EXAMINER

Office Use Only



200181323632

05/27/10--01032--019 **52.50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 MAY 27 AM 11:30

FILED

THE LAW OFFICE OF
PRESSER & GOLDSTEIN, LLC

NATIONWIDE ASSET PROTECTION

368 SOUTH MILITARY TRAIL
DEERFIELD BEACH, FL 33442
TELEPHONE (561) 953-1050
FAX (561) 953-1940
WWW.ASSETPROTECTIONATTORNEYS.COM

HILLEL L. PRESSER, ESQ.*
R. NATHAN PATE, ESQ.*
ELISE GROSS, ESQ.**

ARNOLD S. GOLDSTEIN, ESQ.
PH. D., LL.M., MBA (1938-2010)

May 24, 2010

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To whom this may concern,

Please find enclosed with this letter the Cover Letter, Certificate of Amendment to Certificate of Limited Partnership of Montsoreau Limited Partnership, and a check for \$52.50 for the filing fee. Please contact me if you have any questions (561) 953-1050.

Thank you,
Nathan Pate, Esq.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MONTSOOREAU LIMITED PARTNERSHIP
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:

NATHAN PATE

Contact Person

PRESSER & GOLDSTEIN, PLLC

Firm/Company

368 SOUTH MILITARY TRAIL

Address

DEERFIELD BEACH, FL 33442

City, State and Zip Code

OSSORIOMAN@AOL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NATHAN PATE

Name of Contact Person

at (561)

953-1050

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$52.50 Filing Fee ☐ \$61.25 Filing Fee
and Certificate of ☐ \$105.00 Filing Fee
Status and Certified Copy ☐ \$113.75 Filing Fee,
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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 MAY 27 AM 11:30

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

MONTMOREAU LIMITED PARTNERSHIP

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 8/30/04, assigned Florida document number A04000001416, adopts the following certificate of amendment to its certificate of limited partnership.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited partnership or limited liability limited partnership here:

New name must be distinguishable and contain an acceptable suffix.

Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.

Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.

B. If amending mailing address and/or principal office address, enter new mailing address and/or principal office address here:

New Principal Office Address:
(Must be STREET address)

New Mailing Address:
(May be post office box)

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CLERK OF STATE
TALLAHASSEE, FLORIDA

C. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter 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>	<u>Type of Action</u>
GP	JOSEPH M. OSSORIO	PO BOX 560118 MIAMI, FL 33256	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
GP	PALMS ENTERPRISES GP, LLC a Florida limited liability company	7801 SW 24TH STREET #102 MIAMI, FL 33155 L1-54039	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

E. If the limited partnership or limited liability limited partnership is amending its "limited liability limited partnership" status, enter change here:

- ☐ This Limited Partnership hereby elects to be a "Limited Liability Limited Partnership."
- ☐ 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.)*

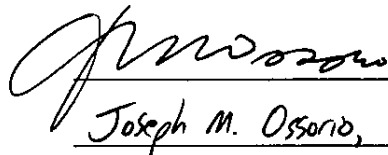
F. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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 or all general partners*:

(*NOTE: Only one current general partner is required to sign this document unless the limited partnership is adding or removing a "limited liability limited partnership" election statement. Chapter 620, F.S., requires all general partners to sign when adding or removing a "limited liability limited partnership" election statement.)



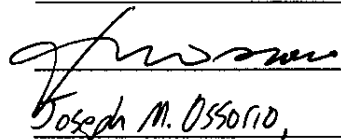
Joseph M. Ossorio,

dissociating general partner

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

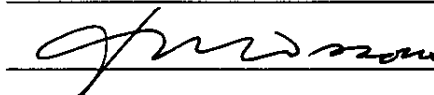
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Signature(s) of all new or dissociating general partner(s), if any:



Joseph M. Ossorio,

dissociating general partner



Joseph M. Ossorio, Manager of

Palms Enterprises GP, LLC, a Florida
limited liability company, new
general partner

Filing Fee: \$52.50
Certified Copy (optional): \$52.50
Certificate of Status (optional): \$8.75