

A040000001759

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

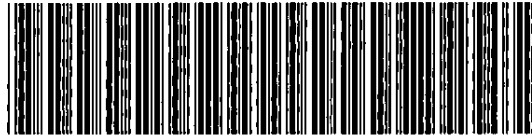
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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06/20/08--01004--007 \*\*61.25

FILED  
08 JUN 20 AM 10:01  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

FF \$52.50  
CWS 8.75

N. Culligan JUN 23 2008



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 3, 2008

THE FLY HIGH FAMILY LIMITED PARTNERSHIP NO.3  
PO BOX 811236  
BOCA RATON, FL 33481

SUBJECT: THE FLY HIGH FAMILY LIMITED PARTNERSHIP NO.3  
Ref. Number: A04000001759

We have received your document for THE FLY HIGH FAMILY LIMITED PARTNERSHIP NO.3 and your check(s) totaling \$508.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Attached is a computer printout for your partnership which shows the general partner(s) according to our records. Your annual report/uniform business report must list the same partners as shown on the printout. To change the partner(s), an amendment must be filed and the appropriate filing fee submitted in accordance with chapter 620, Florida Statutes.

To ensure your money is properly credited, please return a copy of this letter with your corrected document. Please return your corrected document within 30 days or your filing will be considered abandoned.

Gretchen Harvey  
Document Specialist Supervisor

Letter Number: 408A00034489

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** The Fly High Family Limited Partnership No. 3  
(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:

Robin Lloyd  
(Contact Person)

Fly High Family LTD  
(Firm/Company)

3445 Stratford Rd NE #3703  
(Address)

Atlanta GA 30326  
(City, State and Zip Code)

For further information concerning this matter, please call:

Robin Lloyd at (561) 445-1840  
(Name of Contact Person) (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  
Status

☐ \$105.00 Filing Fee  
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

FILED

CERTIFICATE OF AMENDMENT  
TO  
CERTIFICATE OF LIMITED PARTNERSHIP  
OF

08 JUN 20 AM 10:01

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

The Fly High Family Limited Partnership No. 3  
(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 Nov. 29, 2004, assigned Florida document number A 04000001759, 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)

1371 S.W. 12<sup>th</sup> Ave.  
Pompano Beach, FL  
33069

New Mailing Address:  
(May be post office box)

3445 Stratford Rd NE  
# 3703  
Atlanta, GA 30326

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:

David Greenberg

New Registered Office Address:

1371 S.W. 12<sup>th</sup> Ave.  
(Enter Florida street address)

Pompano Beach, Florida 33069  
(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>
partner	Robin Lloyd	3445 Stratford Rd NE #3703 Atlanta GA 30326	<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
_____	_____	_____	<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.)*

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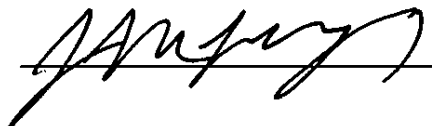
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Effective date, if other than the date of filing: \_\_\_\_\_  
*(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)*


**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.)

  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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TALLAHASSEE FLORIDA