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(Re	equestor's Nar	me)
(Ac	ldress)	
(Ac	idress)	
(Ci	ty/State/Zip/Pl	hone #)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity	Name)
(Do	ocument Num	ber)
Certified Copies	_ Certific	cates of Status

Special Instructions to Filing Officer:

L. SELLERS

MAY 15 2008

EXAMINER

. Office Use Only



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2008 HAY I 4 PH 5: 05
SECRETARY OF STATE

COVER LETTER

Division of	Corporations		·
SUBJECT:	AACAI	D Limited	<u>l</u>
(Na	ame of Florida Limited Pa	rtnership or Limited Liabili	ty Limited Partnership)
The enclosed Certif	icate of Amendment a	and fee(s) are submitted	for filing.
Please return all cor	respondence concerni	ng this matter to:	
KICARDO	Aljac		
A	(Comact Person)		
19/2/	(Firm/Company) V. W. 19 A	ue.	·
	(Address)		•
Mians t	-L 330		
•	(City, State and Zip Code)	1	
For further informat	ion concerning this m	atter, please call:	
KICARDO A	har	at (305)5	10-6289
(Name of Conf	fact Person)	(Area Code and D	aytime Telephone Number)
Enclosed is a check	for the following amo	ount:	
\$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	58:	MAILING.	AUUKESS:
Registration Section		Registration Section	
Division of Corpora	tions	Division of C	Corporations
Clifton Building		P. O. Box 63	327
2661 Executive Cen		i allahassee,	FL 32314
Tallahassee, FL 323	301		

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP

OF	
HACAO Limited	
(Insert name currently on file with Florida Department of State	e)
rursuant to the provisions of section 620.1202, Florida Statutes, this Florida is implied liability limited partnership, whose certificate was filed with the Florida is the following certificate of amend limited partnership.	la Department of State on
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited partnership or limited here:	liability limited partnership
(New name must be distinguishable and contain an acceptable s	uffir \
Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd. Acceptable Limited Liability Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd. Acceptable Limited Partnership suffixes: Limited Partnership suffixes: Limited Liability Limited Partnership suffixes: Limited Partnership suffixes: Limited Liability Lim	ords, enter the name of the
, Flor	
(City) New Registered Agent's Signature, if changing Registered Agent:	(Zip Code)
thereby accept the appointment as registered agent and agree to act in this capac comply with the provisions of all statutes relative to the proper and complete perform familiar with and accept the obligations of my position as registered agent.	
(If Changing Degistered Agent Si	mature of New Destatement Agents

C. 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
Mr.	Ricardo Afjoe	19131 D.D. 19 AM Midmi FL 330	Add Remove
			Add Remove
			Add Remove
***************************************			Add Remove
		n	
			Add Remove
limited partners	hip" status, enter change h		amending its "limited liability l Partnership."
		its "Limited Liability Limited	•
		·	partners must sign this amendment.)
		hange(s) here: (Attach additiona	-
5	,		
			1 2 1 0 1 0 1 0
·			多岩 二
			me y m
	**************************************	19	S. 5:
	H / h		

Effective date, if other than the da	te of filing:	N/A	
(Effective date cannot be prior to nor mo State.)		er the date this document	is filed by the Florida Department of
Signature(s) of a general partne	r or all general	partners*:	
(*NOTE: Only one current general part removing a "limited liability limited part when adding or removing a "limited liab	nership" election st	atement. Chapter 620, F.	S., requires all general partners to sign
K algo	_		
Signature(s) of all new or dissoc	iating general p	artner(s), if any:	
Ricardo alsoe			
	<u> </u>		
T		,	
			•
Filing Fee: Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$52.50 \$8.75		
			75 20 X