

A 05000000 147

(Requestor's Name)

(Address)

(Address)

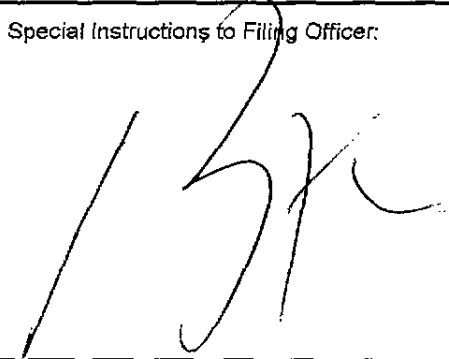
(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

(Document Number)

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

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DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032  
REFERENCE : 453067 7492702  
AUTHORIZATION :  
COST LIMIT : \$ PPD

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05 JUN 29 PM 12:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ORDER DATE : June 28, 2005  
ORDER TIME : 9:45 AM  
ORDER NO. : 453067-005  
CUSTOMER NO: 7492702  
CUSTOMER: Mr. Todd A. Guthrie  
Fx Option 1, Lp  
Suite 804  
2999 Ne 191st Street  
Aventura, FL 33180

DOMESTIC AMENDMENT FILING

NAME: FX OPTION1 LIMITED PARTNERSHIP

EFFECTIVE DATE:

XXX ARTICLES OF AMENDMENT  
       RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XXX CERTIFIED COPY  
       PLAIN STAMPED COPY  
XXX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Harry B. Davis -- EXT# 2926

EXAMINER'S INITIALS: \_\_\_\_\_

**TRANSMITTAL LETTER**

**FILED**  
05 JUN 29 PM 12:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** FX Option1 Limited Partnership  
(Name of Limited Partnership)

**DOCUMENT NUMBER:** A05000000147

The enclosed Certificate of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Todd A. Guthrie  
(Name of Person)

FXO, Inc.  
(Firm/Company)

2999 NE 191 Street, Suite 804  
(Address)

Aventura, Florida 33180  
(City/State and Zip Code)

For further information concerning this matter, please call:

Todd A. Guthrie at ( 305 ) 749-1025  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$52.50 Filing Fee
- \$61.25 Filing Fee & Certificate of Status
- \$105.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$113.75 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

# FX Option1, LP

2999 NE 191<sup>st</sup> Street, Suite # 804  
Aventura, Florida 33180  
(305) 749-1025

**FILED**  
05 JUN 29 PM 12:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

June 24, 2005

Florida Dept. of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Dear Sir or Madam:

Please find attached a Certificate of Amendment to Certificate of Limited Partnership of FX Option1 Limited Partnership to amend the General Partner.

If you have any questions or need any additional information, please call.

Thank you,



Todd A. Guthrie

**FILED**  
05 JUN 29 PM 12:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

FX Option1 Limited Partnership

(Insert name currently on file with Florida Dept. of State)

Pursuant to the provisions of section 620.109, Florida Statutes, this Florida limited partnership, whose certificate was filed with the Florida Dept. of State on January 19, 2005, adopts the following certificate of amendment to its certificate of limited partnership.

**FIRST:** Amendment(s): (indicate article number(s) being amended, added, or deleted)

Please amend the Certificate of Limited Partnership Document # A05000000147 by removing the current General Partner "Benji S. Dayan" and replace with the new General Partner "FXO, Inc." located at:

FXO, Inc.  
2999 NE 191 Street, Suite 804  
Aventura, FL 33180

POS 000089897

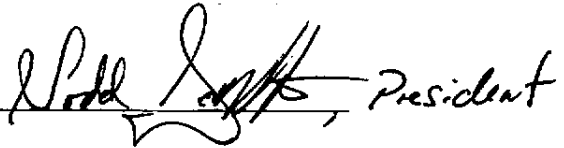
**SECOND:** This certificate of amendment shall be effective at the time of its filing with the Florida Department of State.

**THIRD:** Signature(s)

Signature of current general partner:



Signature(s) of new general partner(s), if applicable:

On behalf of FXO, Inc.  Todd L. Smith, President

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