A0500000598

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PiCK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
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SECRETARY OF STATE DIVISION OF CORPORATION

T. HAMPTON

MAY 12 2010

EXAMINER

COVER LETTER

TO: Registration Section

2661 Executive Center Circle

Tallahassee, FL 32301

Division of Corporations

SUBJECT: YUKTESWAR YELLOWSTONE FAMILY LIMITED PARTNE Name of Florida Limited Partnership or Limited Liability Limited Partnership

The enclosed Certificate of Amendmen	at and fee(s) are submitted for filing.
Please return all correspondence concer	rning this matter to:
Jeffrey M. Lasma	n
Contact Person	
Lasman Law Firm,	PA
Firm/Company	
6152 Delancey Station S	St., #205
Address	
Riverview, FL 335	
City, State and Zip Coo	ie
jeff@lasmanlaw.co	
E-mail address: (to be used for future ann	ual report notification)
For further information concerning this	matter, please call:
Jeffrey M. Lasman	at (813) 681-7725
Name of Contact Person	Area Code and Daytime Telephone Number
Enclosed is a check for the following a	mount:
\$52.50 Filing Fee S61.25 Filing Fee and Certificate of Status	\$105.00 Filing Fee S113.75 Filing Fee, Certified Copy, and Certificate of Status
STREET ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P. O. Box 6327

Tallahassee, FL 32314



RECEIVED

10 MAY 11 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE Division of Corporations

April 29, 2010

JEFFREY M LASMAN LASMAN LAW FIRM PA 6152 DELANCEY STATION - # 205 RIVERVIEW, FL 33578

SUBJECT: YUKTESWAR YELLLOWSTONE FAMILY LIMITED PARTNERSHIP

Ref. Number: A05000000998

We have received your document for YUKTESWAR YELLLOWSTONE FAMILY LIMITED PARTNERSHIP and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

The registered agent must sign accepting the designation.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton Regulatory Specialist II Registration/Qualification Section

Letter Number: 510A00010682

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

YUKTESWAR YELLOWSTONE FAMILY LIMITED PARTNERSHIP

Insert name currently on file with Florida Department of State

Pursuant to the provisions of section 620. limited liability limited partnership, whose 5/18/2005, assig adopts the following certificate of amendr	e certifi ned Flo	cate was filed with th rida document number	e Florida DerA(epartment o	of Sta	
This amendment is submitted to amend the fol	lowing:					
A. If amending name, enter the new name here:	of the <u>l</u> i	mited partnership or	limited liabi	lity limited	partn	<u>iership</u>
		able and contain an accep				
	_	•				
Acceptable Limited Partnership suffixes: Limited Acceptable Limited Liability Limited Partnership				.L.L.P. or LI	LP.	
B. If amending mailing address and/or principal office address here:	princi _l	oal office address, <u>er</u>	iter new m:	ailing addı	ress a	<u>nd/or</u>
New Principal Office Address (Must be STREET address)	<u>ess:</u>	5000 Culbreath Ke Tampa, FL 33611		nit 9303	_ 	
New Mailing Address: (May be post office box)		5000 Culbreath Ke Tampa, FL 33611		nit 9303		
C. If amending the registered agent and/o new registered agent and/or the new register	red offic		our records	, enter the	name	of the
Name of New Registered Agent:		-			_	
New Registered Office Address:	6152	Delancey Station S				9
		Enter Florida	street addres		10	<u>¥</u> 5
	-	Riverview	, Florida _	33578	***	
		City		Zip Code	=	
	Pa	ge 1 of 3			PH E: 19	CONTAILE MAPORATIONS

New Registered Agent's Signature, if changing Registered Agent:

comply with the am familiar with	the appointment as registered age provisions of all statutes relative and accept the obligations of my the general partner(s), enter the ed from our records:	to the proper and complete perfo position as registered agent. (Changing Registered Agent, Signa	rmance of my duties, and I
<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>GP</u>	Heavens High, LLC	5000 Culbreath Key Way Unit 9303 Tampa, FL 33611	_ ✓ Add _ Remove
GP	Deborah Tanus	14924 Casey Rd. Tampa, FL 33624	Add Remove Add Remove Add Remove Add Remove Add Remove Add Remove Add Remove
	d partnership or limited liabili ship" status, enter change here:		ding its "limited liability
This Limi	ted Partnership hereby elects to b ted Partnership hereby removes it or removing" limited liability limited p	ts "Limited Liability Limited Par	tnership" status.

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 State.)	after the date this document is filed by the Florida Department of
Signature(s) of a general partner or all gener	
(*NOTE: Only one current general partner is required to removing a "limited liability limited partnership" election when adding or removing a "limited liability limited partnership".	o sign this document unless the limited partnership is adding or a statement. Chapter 620, F.S., requires all general partners to signership" election statement.)
Debrah Tans	
·	
Signature(s) of all new or dissociating genera	I partner(s), if any:
Heavens High, LLC	
By; Dobrah Jarus Debotah S. Tanus, MGRM	X By: NU
	Christopher B. Pudol, MGRM
Filing Fee: \$52.50 Certified Copy (optional): \$52.50	MAY MAY
Certificate of Status (optional): \$8.75	
	ာ သူ့ငွ
	유 왕 저 왕