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| Special Instructions to Filing Officer: | | | | |
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Office Use Only

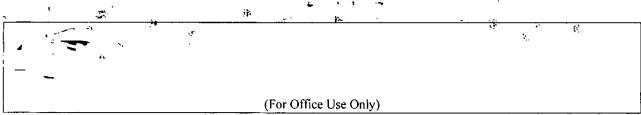


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ALL MILESEE, FLORIDA



| | *** | (For Office Use Only) | |
|--------|---|--|---|
| | | COVER LETTER | |
| TO: | Registration Section Division of Corporations | | |
| SUBJ | _{IECT:} General Partner N | Name Change | |
| | | Name of Partnership | |
| DOC | ument number: <u>A05000</u> | 0001035 | |
| The e | nclosed Amendment to Partnersh | nip Registration and fee(s) are submitted for filing | |
| Please | e return all correspondence conce | erning this matter to the following: | |
| Rich | ard Delater | | |
| | Name of Person | | |
| 600 | Wilkinson LLP | · | |
| | Firm/Company | | |
| 901 | Via Lugano | : | |
| | Address | | |
| Win | ter Park, FL 32789 | | |
| | City/State and Zip Co | ode | |
| | vyn@welwyn.cnc.net | report notification) | |
| For fu | rther information concerning this | s matter, please call: | |
| Rich | ard Delater | at (407) 647-6575 | |
| | Name of Person | Area Code & Daytime Telephone Number | _ |
| STREE | ET ADDRESS: | MAILING ADDRESS: | |
| | ation Section | Registration Section | |
| | n of Corporations Building | Division of Corporations P.O. Box 6327 | |

2661 Executive Center Circle Tallahassee, Florida 32301 CR2E067 (10/07)

Tallahassee, Florida 32314



March 27, 2012

RICHARD DELATER 901 VIA LUGANO WINTER PARK, FL 32789

SUBJECT: 600 WILKINSON, LLP Ref. Number: A05000001035

We have received your document for 600 WILKINSON, LLP and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return 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) 245-6051.

Leslie Sellers Regulatory Specialist II

Letter Number: 312A00010336

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

| 600 WILKI | USON LLP | | |
|--|--|----------------|--------------------|
| Insert name currently on i | file with Florida Department of State | | |
| Pursuant to the provisions of section 620.1202, I limited liability limited partnership, whose certificate of amendment to | ficate was filed with the Florida Dorida document number | epartment | of State on |
| This amendment is submitted to amend the following: | : | | |
| A. If amending name, enter the new name of the here: | limited partnership or limited liab | ility limited | <u>partnership</u> |
| New name must be distinguis | shable and contain an acceptable suffix. | | |
| Acceptable Limited Partnership suffixes: Limited Partners Acceptable Limited Liability Limited Partnership suffixes: | | L.L.L.P. or LL | LLP. |
| B. If amending mailing address and/or principal office address here: | ipal office address, <u>enter new m</u> | ailing addı | ress and/or |
| New Principal Office Address: (Must be STREET address) | | | |
| New Mailing Address: (May be post office box) | | | |
| C. If amending the registered agent and/or regist new registered agent and/or the new registered offi | | s, enter the | name of the |
| Name of New Registered Agent: | | M.S. | 12 APR |
| New Registered Office Address: | | d ann | -en 3 |
| | Enter Florida street addres | s Äi≺ Me | 3 10 |
| | , Florida | Zip Code | TO |

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.

| | | 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> | Address | Type of Action |
|--------------|---|---|----------------------------------|
| MR. | RICHARD DRLAME | FL 32789 | ✓ Add Remove |
| | MILKINSON LAPITAL MANAGENJENT LL | 901 VIA LUGARI LUNTER PARK FL 32789 | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| | partnership or limited liability l nip" status, enter change here: | limited partnership is amend | - ling its "limited liability |
| This Limite | ed Partnership hereby elects to be a | "Limited Liability Limited Pa | rtnership." |
| This Limits | ed Partnershin hereby removes its " | Limited Lighility Limited Part | tnershin" status |

Page 2 of 3

(NOTE: If adding or removing" limited liability limited partnership" status, all general partners must sign this amendment.)

| F. If amending any other info | rmation, e | nter change(s |) here: <i>(A</i> | Ittach addi | tional sheet. | s, if necessary.) |
|---|-------------------------------|-------------------------|---------------------------------------|---------------|---------------|--------------------|
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| Effective date, if other than the da (Effective date cannot be prior to nor mo State.) | te of filing ere than 90 d | z: lays after the da | te this doc | ument is file | ed by the Flo | rida Department of |
| Signature(s) of a general partne | r or all ge | neral partne | ers*: | | | |
| (*NOTE: Only one current general part removing a "limited liability limited part when adding or removing a "limited liability". | nership" elec | ction statement. | Chapter 6 | 20, F.S., re | | |
| | <i>//</i> | | | | | |
| | | | | | | |
| Signature(s) of all new or dissoc | iating gen | eral partner | (s), if an | Y : | | • |
| BY: FERENCE GOPIZACE | MANA | NGRMAI MAYRU | VT L | LC | | |
| | | | | | | |
| | | | | | | |
| Filing Fee: Certified Copy (optional): Certificate of Status (optional): | \$52.50 \$52.50 \$8.75 | | | | | |