

AD5000001074

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

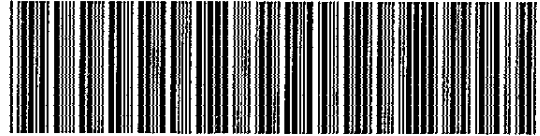
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500064370945

01/26/06--01006--014 **\$2.50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2006 JAN 26 PM 4:08

FILED

AD5-1074
al

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Tobler Family Limited Partnership
(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:

Kim Ridgeway

(Contact Person)

William J. Nielander, P.A.

(Firm/Company)

172 E. Interlake Blvd.

(Address)

Lake Placid, FL 33852

(City, State and Zip Code)

For further information concerning this matter, please call:

Kim Ridgeway

(Name of Contact Person)

at (863) 465-8181

(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

2006 JAN 26 PM 4: 08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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

The Tobler Family Limited Partnership

(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 May 24, 2005, adopts the following certificate of amendment to its certificate of limited partnership.

FIRST: Amendment(s): (Indicate information being amended, added, or deleted)

Section 2.1 shall be amended to read as follows: Place of Business: The Partnership's principal place of business is at: 1193 Ganges Trail, Gulf Breeze, FL 32563.

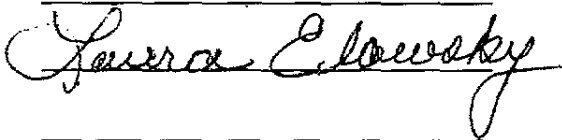
Section 2.2 shall be amended to read as follows: LAURA ELOWSKY, General Partner residing within the State of Florida.

SECOND: Effective date, if other than the date of filing: N/A

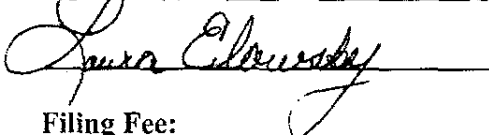
(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

Signature(s) of a general partner(s)*:

(*Note: If adding or deleting an election to be a limited liability limited partnership statement, all general partners must sign the amendment.)



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



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

2006 JAN 26 PM 4: 08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED