A05 00000 1636

(Requestor's Name)
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COVER LETTER

TO: Registration S			
Division of Corporations			
SUBJECT:	LSKIRKt	Charles S	1.170
	ne of Florida Limited Partr	nership or Limited Liability	Limited Partnership
		·	•
The enclosed Certific	cate of Amendment and	d fee(s) are submitted:	for filing.
Please return all corre	espondence concerning	g this matter to:	
Debi 5	inith		
Puskiek	Contact Person	LTD	
<u> </u>	Firm/Company		
L0207 18	3th St. E		
	Address		
Ellenton	, FI 342	22	
C	ity, State and Zip Code		
DSMITHOBSGCOMMUNITIES.COM			
E-mail address: (to	be used for future annual re		
5 6			
ror further information	on concerning this mat		
JULLI Sn	nith	at (441) 7	20-1431
Name of Contac	et Person		ime Telephone Number
Enclosed is a check f	or the following amou	nt:	
$\setminus i$			
\$52.50 Filing Fee		S105.00 Filing Fee	S113.75 Filing Fee,
\	and Certificate of Status	and Certified Copy	Certified Copy, and Certificate of Status
Mailing Address:		Street Addre	ss:
Registration Section		Registration Section	
Division of Corporations		Division of Corporations	
P.O. Box 6327		The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

BUSKIRK PR	tetners, LTD
Insert name currently on fil	le with Florida Department of State
limited liability limited partnership, whose certifi	lorida Statutes, this Florida limited partnership or cate was filed with the Florida Department of State on rida document number ACCOLOGICA its certificate of limited partnership.
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the left.	imited partnership or limited liability limited partnership
New name must be distinguish	nable and contain an acceptable suffix.
Acceptable Limited Partnership suffixes: Limited Partnersh Acceptable Limited Liability Limited Partnership suffixes: 1	
B. If amending mailing address and/or princip principal office address here: New Principal Office Address: (Must be STREET address)	pal office address, enter new mailing address and/or
New Mailing Address: (May be post office box)	
C. If amending the registered agent and/or registered registered agent and/or the new registered office ade	ed office address on our records, <u>enter the name of the new</u> dress here:
Name of New Registered Agent:	MA 302
New Registered Office Address:	Enter Florida street address _ '
	City Zip Code 🔀 🗀

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.

If Changing Registered	Agent, Signature of New 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
SP_	Buskirk	bungsIc	620184951E	_ Add Remove
GP_	BEKIRKM	unagement LLC	WO7 1849 STE Ellentar FL	Add Remove
				_
				_
				_
				_ □ Add □ Remove

- E. If the limited partnership or limited liability limited partnership is amending its "limited liability limited partnership" status, enter change here:
 - ☐ This Limited Partnership hereby elects to be a "Limited Liability Limited Partnership."
 - ☐ This Limited Partnership hereby removes its "Limited Liability Limited Partnership" status.

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

F. If amending any other information,	enter change(s) here: (Attach additional sheets, if necessary.)
Effective date, if other than the date of filin (Effective date cannot be prior to nor more than 90 State.)	ng:
	et the applicable statutory filing requirements, this date will not partment of State's records.
Signature(s) of a general partner or all g	eneral partners*:
(*NOTE: Only one current general partner is requiremoving a "limited liability limited partnership" el when adding or removing a "limited liability limited	ired to sign this document unless the limited partnership is adding or ection statement. Chapter 620, F.S., requires all general partners to sign d partnership" election statement.)
-0.	
	·
	·
Signature(s) of all new or dissociating ge	neral partner(s), if any:
Filing Fee: \$52.50 Certified Copy (optional): \$52.50 Certificate of Status (optional): \$8.75	