**Electronic Filing Cover Sheet** 

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(((H09000068954 3)))

**EXAMINER** 



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To:

Division of Corporations

Fax Number : (850)617-6383

from:

: CORPORATION SERVICE COMPANY Account Name

Account Number : I2000000195 Phone : (850)521-1000

Fax Number : (850)558-1575

Please give original submission date as file date.

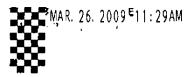
## LP/LLLP AMENDMENT/RESTATEMENT/CORRECTION

CAMPANIA HOLDINGS, LIMITED PARTNERSHIP

Certificate of Status	0
Certified Copy	1
Page Count	01
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March 25, 2009

## FLORIDA DEPARTMENT OF STATE

CAMPANIA HOLDINGS, LIMITED PARTNERSHIP

3738 RACHEL LANE NAPLES, FL 34103

SUBJECT: CAMPANIA HOLDINGS, LIMITED PARTNERSHIP

REF: A05000001800

## RESUBMIT

Please give original submission date as file date.

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document must be signed by the dissociating general partner unless the document states the general partner is deceased or a guardian or general conservator has been appointed or the general partner previously filed a Statement of Dissociation with the Florida Department of State.

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) 245-6967.

Leslie Sellers Regulatory Specialist II FAX Aud. #: H09000068954 Letter Number: 309A00010044

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CERTIFICA	ATE OF AMENDMENT TO
CERTIFICATE O	OF LIMITED PARTNERSHIP OF
CAMPANIA HOLDIN	GS, LIMITED PARTNERSHIP
(Insert name currently o	on file with Florida Department of State)
limited liability limited partnership, whose cer	2. Florida Statutes, this Florida limited partnership or rtificate was filed with the Florida Department of State on Florida document number A0500001800
This amendment is submitted to amend the following	
	be limited partnership or limited liability limited partnership
(New name must be disting	uishable and contain an acceptable suffix.)
Acceptable Limited Partnership suffixes: Limited Partn Acceptable Limited Liability Limited Partnership suffix	nership, Limited, L.P., LP, or Ltd. ess: Limited Liability Limited Partnership, L.L.L.P. or LLLP.
B. If amending mailing address and/or principal office address here:	ncipal office address, enter new mailing address and/or Pifth Third Private Bank, as personal
New Principal Office Address: (Must be STREET address)	representative of the Estate of Cataldo J. Capozza 999 Vanderbilt Beach Road, Mail Drop B9993G Naples, FL 34108
New Mailing Address: (May be post office box)	Fifth Third Friesce Bank, as personal representative of the Estate of Cataldo J. Capozza PO Box 413021 - Mail Drop B9993G Naples, Florida 34101-3021
C. If amending the registered agent and/or registered of new registered agent and/or the new registered of	gistered office address on our records, enter the name of the office address here:
	arles L. White fth Third Private Bank, as personal representative
New Registered Office Address: 999	the Estate of Cataldo J. Capozza (Enter Florida street address) 9 Vanderbilt Beach Road - Mail Drop B9993G
Na:	Page 1 of 3  Page 1 of 3  Plorida 34101  (City)  (Zip Code)  AS  AN  AN  AN  AN  AN  AN  AN  AN  AN
	Page 1 of 3

H090000689543

## 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 Now 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:

Title	<u>Name</u>	<u>Address</u>	Type of Action	
	Cataldo J. Capozza	3738 Rachel Lane	□ Add	Mr. Capozza
<del></del>	<del></del>	Naples, FL 34103	Remove	passed away on
	Fifth Third Culesce	Bank, as personal repr	esentative	12/28/08.
		aldo J. Capozza		
		PO Box 413021 -	☐ Remove	
		Mail Drop B9993G	•	
		Maples, FL 34101		
			DbA □	
			Remove	
			DbA 🔲	
			🔲 Remove	
	•		<b>.</b>	
			D Remove	
			□ Add	
	· · · · · · · · · · · · · · · · · · ·		Remove	
			<del></del>	
	of partnership or limited liabili ship" status, enter change here:		ending its "limited	liability
_				
This Limi	ted Partnership hereby elects to b	e a "Limited Liability Limited	Partnership."	
☐ This Limit	ted Partnership bereby removes it	ts "Limited Liability Limited l	Partnership" status.	
(NOTE: If adding	or removing" limited flability limited p	oorinership" status, all general pa	riners must sign this ar	nendment.)

Page 2 of 3

H090000689543

f. (Famending any other infor	mation, enter change(s	s) here: (Attach additional sheets, if necessary)
	e date of filing: or more than 90 days often	r the date this document is filed by the Florida Department
rate.)		
ignature(s) of a general pa	riner or all general (	<u>partuers*:</u>
NOTE: Only one ourrent general moving a "limited liability limited then adding or removing a "limited	l partnership" election sta	on this document unless the limited partnership is adding or atement. Chapter 620, F.S., requires all general partners to siship? election statement.)
fth Third Private Baul	-	···•
presentative of the E	state of	
taldo J. Capozza	<u> </u>	
ers; Vice Pr		
<u> </u>		
ignature(s) of all new or di	ssociating general p	artner(s), if any:
		•
	· ·	
	•	
filing Fee:	\$52.50	·
inug ree: Certified Copy (optional): Certificate of Status (option	S52-50	

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