## A06000000005

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SECRETARY OF STATE OF VISION OF CORPORATIONS

08 JAN 17 PH 2-19

J. BRYAN

JAN 1 8 2008

**EXAMINER** 

## **COVER LETTER**

то:	Registration Division of (	Section Corporations		
SUBJ		PORT FAMILY LTD	.    rtnership or Limited Liabili	ty Limited Partnership)
The en	`		nd fee(s) are submitted	
Please	return all cor	respondence concerni	ng this matter to:	
ROBE	ERT M. WOL			
		(Contact Person)		
MANN	I & WOLF, L	LP		
		(Firm/Company)		o ov
55 N.E	E. 5TH AVEN	NUE STE. 500		
	,	(Address)		<b>Z</b> 3
BOCA	RATON FL	33432		
<u>5557,</u>		(City, State and Zip Code)		<b>3</b>
				3.
For fur	ther informat	ion concerning this ma	atter, please call:	08 JAN 17 PH 2: 19
ROBERT M. WOLF			at ( 561 ) 33	8-5060
	(Name of Cont	act Person)	(Area Code and D	Paytime Telephone Number)
Enclos	ed is a check	for the following amo	unt:	
<b>▼</b> \$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:		MAILING	ADDRESS:	
Registration Section		Registration Section		
Division of Corporations			Division of Corporations	
Clifton Building 2661 Executive Center Circle			P. O. Box 6327 Tallahassee, FL 32314	
Tallahassee, FL 32301			i attatiassee,	112,72,717

## CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

RAPAPORT FAMILY LTD. II				
(Insert name currently on t	file with Florida Depar	tment of State)		
Pursuant to the provisions of section 620.1202, I limited liability limited partnership, whose certif JANUARY 3, 2006, adopts the I limited partnership.	ficate was filed wit			
This amendment is submitted to amend the following:	:			
A. If amending name, enter the new name of the here:	limited partnership	or limited liability limited partnership		
LAKEVIEW ATLAS LTD.				
(New name must be distinguis	hable and contain an	acceptable suffix.)		
(New name must be distinguis  Acceptable Limited Partnership suffixes: Limited Partners  Acceptable Limited Liability Limited Partnership suffixes:  B. If amending the registered agent and/or registered	ship, Limited, L.P., LP Limited Liability Lim	ited Partnership, L.L.L.P. or LLL		
new registered agent and/or the new registered offi		Solution records, enter the manager special sp		
Name of New Registered Agent:		i jons		
New Registered Office Address:				
	(Enter F	(Enter Florida street address)		
<del></del>		, Florida		
	(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)

Add Remove  Add Remove  Add Remove
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Effective date, if other than the da	ate of filing: ore than 90 days after the date this document is filed by the Fl	anida Dangutusut of
State.)	ore man 90 days after the date this document is fited by the Fi	oriaa Deparimeni oj
Signature(s) of a general partne	er or all general partners*:	
removing a "limited liability limited par	ther is required to sign this document unless the limited partne thership" election statement. Chapter 620, F.S., requires all goodfity (imited partnership" election statement.)	
BAPAPORT FAMILY	YMANAGEMENT, LLC changing its name to SMANAGEMENT, LLC	· · · · · · · · · · · · · · · · · · ·
Simultaneously (	changing its name to	
LAKEVIEW ATLA	S MANAGEMENT, LLC	
R Robert D Ro By Robert D Re	papart Manager	
	ciating general partner(s), if any:	
	Heneral Partition of the Harry	
		. <b>80</b>
		JAN
		FILED STATES OF CORPORATION OF CORPO
		₹ ₹ <u>₽</u>
Elling Face	052.50	
Filing Fee: Certified Copy (optional):	\$52.50 \$52.50	SNC
Certificate of Status (optional):	\$8.75	•