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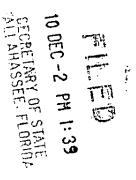
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J. BRYAN

DEC 1.3 2010

EXAMINER

COVER LETTER

Registration Section

Tallahassee, FL 32301

Division of Corporations	
	of Orlando Family Limited Partnership nited Partnership or Limited Liability Limited Partnership
The enclosed Certificate of Amenda	ment and fee(s) are submitted for filing.
Please return all correspondence con	ncerning this matter to:
Gary Abriol	
	TEC .
C V Partners of Orlando Family	/ Limited Partnership
Firm/Company	SER P
800 Semoran Pai	rk Drive
Address	ين جي ا
Winter Park, Florid	la 32792
City, State and Zip	
E-mail address: (to be used for future	annual report notification)
For further information concerning	this matter, please call:
Gary Abriola	at (561) 414-4130
Name of Contact Person	Area Code and Daytime Telephone Number
Enclosed is a check for the following	ng amount:
\$52.50 Filing Fee \$61.25 Filing and Certificate of Status	
STREET ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
_	
•	
\$52.50 Filing Fee \$61.25 Filing and Certificate of Status STREET ADDRESS:	g Fee \$105.00 Filing Fee \$113.75 Filing Fee, Certified Copy, and Certificate of Status MAILING ADDRESS:

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

C V Partners of Orlando Family Limited Partnership Insert name currently on file with Florida Department of State

•		
Pursuant to the provisions of section 620.1202, F limited liability limited partnership, whose certificate of an adopts the following certificate of amendment to	cate was filed with	h the Florida Department of State on mber A0600000184 ,
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lene:	<u>imited partnership</u>	or limited liability limited partnership
New name must be distinguish	nable and contain an a	cceptable suffix.
Acceptable Limited Partnership suffixes: Limited Partnersh Acceptable Limited Liability Limited Partnership suffixes:	hip, Limited, L.P., LP, Limited Liability Limi	or Ltd. ited Partnership, L.L.L.P. or LLLP.
B. If amending mailing address and/or princip principal office address here: New Principal Office Address: (Must be STREET address) New Mailing Address: (May be post office box)	pal office address	s, enter new mailing address and/or
C. If amending the registered agent and/or registerew registered agent and/or the new registered offic	ered office address e <u>e address here</u> :	on our records, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	Enter Flor	ida street address
		, 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 Registere	d 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
<u>LP</u>	Dennis Abriola	800 Semoran Park Drive Winter Park, Florida 32792	Add Remove
<u>LP</u>	Ronald Abriola	800 Semoran Park Drive Winter Park, Florida 32792	Add Remove Add Remove
			Add OF Remover
	<u> </u>		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.)

	•
•	
Effective date, if other than the date of filing:	r the date this document is filed by the Florida Department of
ignature(s) of a general partner or all general p	partners*:
*NOTE: Only one current general partner is required to sig emoving a "limited liability limited partnership" election sta then adding or removing a "limited liability limited partners	tement. Chapter 620, F.S., requires all general partners to sign
DR Management LLC GP	By Heary Olowola GPM
ignature(s) of all new or dissociating general p	artner(s), if any:
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<u> </u>	EF OF PH
	LOZA COLOR
	
'iling Fee: \$52.50	
Certified Copy (optional): \$52.50 Certificate of Status (optional): \$8.75	