

AD6000000365

(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

G. MCLEOD

JUN 30 2008

EXAMINER



000131476990

06/23/08--01028--025 **52.50

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
08 JUN 27 PM 3:15

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THE LEMO 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:

LEA A. SALAMA DIMITRI, ATTORNEY
(Contact Person)

LEA A. SALAMA DIMITRI, P.A.
(Firm/Company)

888 SE THIRD AVENUE, SUITE 400
(Address)

FORT LAUDERDALE, FLORIDA 33316
(City, State and Zip Code)

For further information concerning this matter, please call:

LEA A. SALAMA DIMITRI at (954) 524-8888
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

| | | | |
|--|---|--|---|
| <input checked="" type="checkbox"/> \$52.50 Filing Fee | <input type="checkbox"/> \$61.25 Filing Fee and Certificate of Status | <input type="checkbox"/> \$105.00 Filing Fee and Certified Copy | <input type="checkbox"/> \$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

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
08 JUN 27 PM 3: 15

THE LEMO 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 MARCH 6TH, 2006, assigned Florida document number A06000000365, adopts the following certificate of amendment to its certificate of limited partnership.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited partnership or limited liability limited partnership here:

N/A

(New name must be distinguishable and contain an acceptable suffix.)

Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.

Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.

B. If amending mailing address and/or principal office address, enter new mailing address and/or principal office address here:

New Principal Office Address:

(Must be STREET address)

N/A

New Mailing Address:

(May be post office box)

N/A

C. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

LEA A. SALAMA DIMITRI

New Registered Office Address:

888 SE THIRD AVENUE, SUITE 400

(Enter Florida street address)

FORT LAUDERDALE

(City)

Florida 33316

(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> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-----------------------------|--|--|
| _____ | <u>ALBERTO M. SALAMA T.</u> | <u>401 HOLIDAY DRIVE</u> <u>HALLANDALE, FL 33009</u> | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |
| _____ | <u>LEA SALAMA DIMITRI</u> | <u>888 SE THIRD AVENUE</u> <u>SUITE 400</u> <u>FORT LAUDERDALE, FL 33316</u> | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
| _____ | <u>MOISES A. SALAMA</u> | <u>401 HOLIDAY DRIVE</u> <u>HALLANDALE, FL 33009</u> | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
| _____ | _____ | _____ | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| _____ | _____ | _____ | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| _____ | _____ | _____ | <input type="checkbox"/> Add <input type="checkbox"/> 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.)

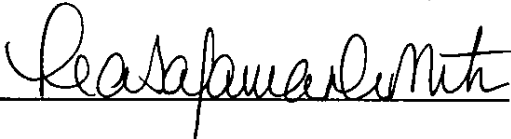
F. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

N/A

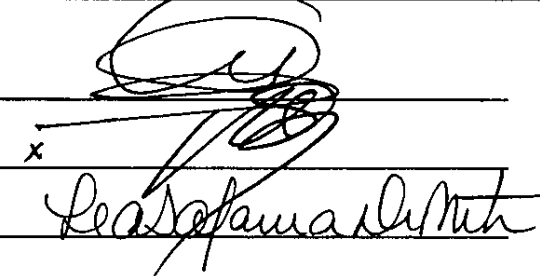
Effective date, if other than the date of filing: _____
(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

Signature(s) of a general partner or all general partners*:

(*NOTE: Only one current general partner is required to sign this document unless the limited partnership is adding or removing a "limited liability limited partnership" election statement. Chapter 620, F.S., requires all general partners to sign when adding or removing a "limited liability limited partnership" election statement.)



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



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