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DIVISION OF COMPONATIONS

COVER LETTER

TO: Registration Division o	on Section f Corporations		
SUBJECT:(Name	THE - MRO, LF of Florida Limited Partners	2 hip or Limited Liability Limited Partnership)	
The enclosed Cert	ificate of Amendment	and fee(s) are submitted for filing.	
Please return all c	orrespondence concern	ing this matter to:	
Greg Gover	(Contact Person)		
	(Firm/Company)	<u> </u>	
PO BOX 7011	(Address)	· · · · · · · · · · · · · · · · · · ·	O7 APR -2
ST CLOUD, F	(City, State and Zip Code)	~ o > 첫의
For further inform	ation concerning this n	natter, please call:	H 1: 33
Greg Govert	Sen ontact Person)	at (407) 496 4075 (Area Code and Daytime Telephone Number	
	k for the following amo		,
\$52.50 Filing Fee	\$61.25 Filing Fee and Certificate of Status	\$105.00 Filing Fee and Certified Copy Certified Copy, and Certificate of Status	
Registration Section Division of Corpo Clifton Building 2661 Executive Control Tallahassee, FL 3	on rations enter Circle	MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314	

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP

IHE-MK	D, LP
(Insert name current	ly on file with Florida Department of State)
partnership or limited liability limit	n 620.1202, Florida Statutes, this Florida limited ed partnership, whose certificate was filed with the 10 23 06, adopts the following ficate of limited partnership.
FIRST: Amendment(s): (Indicate i	information being amended, added, or deleted)
Please remove	
Greg G GOVERTSEN	
	Road
COMFORT, TX 78013	
	a general partner from the S
above-listed Limited t	Partnership.
SECOND. PSS. do do de de	7
SECOND: Effective date, if other	than the date of filing:
(Effective date cannot be prior to nor more Department of State.)	than 90 days after the date this document is filed by the Florida
Signature(s) of a general partner(s)* (*Note: If adding or deleting an election to partners must sign the amendment.)	c: o be a limited liability limited partnership statement, all general
Signature(s) of new or dissociating	general partner(s), if any:
	8
laght GREG GOVE	RISEN
Filing Fee:	\$52.50
Certified Copy (optional):	\$52.50 \$52.50
Certificate of Status (optional):	\$8.75

STATEMENT OF DIS-ASSOCIATION

Mail to:

Division of Corporations PO Box 6327 Tallahassee, FL 32314

ATTN: Brenda Tadlock

Limited partnership name: THE-MRO, LP

PLEASE DIS-ASSOCIATE GREG GOVERTSEN FROM THE ABOVE REFERENCED LIMITED PARTNERSHIP

PLEASE REMOVE:

GREG GOVERTSEN
925 HERMANN SONS ROAD
COMFORT, TX 78013

DATED: 3/27/07

GREG GOVERTSEN

ATTACHED CHECK: \$52.50

07 APR -2 PM 1: 33