Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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	age. Doing so will generate another cover sl	neet.	<u> </u>
To:			25
	Division of Corporations		ال دو الا
	Fax Number : (850)617-6383		141.7 Ph
From:			417 <u>1</u>
	Account Name : HARRISON, KIRKLAN	ND, PRATT	, MCGUI
	Account Number : I20010000002		24 1000
	Phone : (941)746-1167		
	Fax Number : (941)746-9229		
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Electronic Filing Menu

MAR 2 4 2016 Corporate Filing Menu Y SULKER

Help



March 23, 2016

FLORIDA DEPARTMENT OF STATE
Division of Corporations

DA-DE, LLLP P.O. BOX 656 BRADENTON, FL 34206

SUBJECT: DA-DE, LLLP REF: A06000001336

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.

Due to transmission problems, your faxed document or coversheet is illegible or incomplete. Please refax the document and cover sheet to this office for processing.

THE COVER SHEET AND 1ST PAGE OF AMENDMENT WERE THE ONLY PAGES RECEIVED, NEED THE COMPLETE AMENDMENT DOCUMENT

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) 245-6051.

Stacey M Mason Regulatory Specialist II FAX Aud. #: H16000069554 Letter Number: 616A00005931

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

	E, LLLP				
Insert name currently on f	tle with Florida Dep	artment of State			
Pursuant to the provisions of section 620.1202, I limited liability limited partnership, whose certificate of amendment to	ficate was filed worlds document r	ith the Florida De number A060001	partment 001336	hip or of Sta	te on
		minoo paranoram	μ,		
This amendment is submitted to amend the following:					rtnership
A. If amending name, enter the new name of the here:	limited partnersh	ip or limited liabil	ity limited	partr	ership
-					
New name must be distinguis	hable and contain at	acceptable suffix.			
Acceptable Limited Partnership suffixes: Limited Partners Acceptable Limited Liability Limited Partnership suffixes:			L.L.P. or Li	LLP.	
B. If amending mailing address and/or principal office address here:	ipal office addre	ess, <u>enter new ma</u>	iling add	ress a	nd/or
New Principal Office Address: (Must be STREET address)					
·			<u></u>	—;;	
New Mailing Address: (May be post office box)			2w* 2** 35% y	-MAR	
(ind) of post office and			(2) (4)		
			हीं। क्	I»	73.
C. If amending the registered agent and/or registered agent and/or the new registered agent and/or the new registered officers.		ss on our records,	enter the	**	of the
			TĀ.	3 2	
Name of New Registered Agent:			,	_	
New Registered Office Address:		·		_	
	Enter F	lorida street address	•		
	<u> </u>	, Florida	in Code		
	Cîrv	ÿ	nn (inde		

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:

Title Name	!	<u>Address</u>	Type of Action
DANI Trustee, Daniel C. Zol Living Trust, dated J		P.O. Box 656 Bradenton, FL 34206	Add Remove
a/k/a DERRY N. ZOLLER Hilda N. Zoller Revoc	able Living	P.O. Box 656 Bradenton, FL 34206	XX Add Remove
Trust, Dated Jan. 19. DA-I	DE, LLC	P.O. Box 656 Bradenton, FL 34206	Add XXRemove
			Add Remove
			Add Remove
			Add AD Remove:
E. If the limited partner limited partnership" state	ship or limited liability us, enter change here:	limited partnership is amend	ling its "limbed liability
This Limited Partne	rship hereby elects to be	a "Limited Liability Limited Pa	rtnership."
This Limited Partne	rship hereby removes its	"Limited Liability Limited Part	nership" status.
(NOTE: If adding or removing	g" limited liability limited pa	rtnership" status, all general partne	rs must sign this amendment.)

			<u> </u>	
ffective date, if other than the date of filing:				
ffective date cannot be prior to nor more than 90 days after the date this documen ate.)	t is filed by the I	Florida	Departmen	it of
ne.j				
gnature(s) of a general partner or all general partners*:				
NOTE: Only one current general partner is required to sign this document unless moving a "limited liability limited partnership" election statement. Chapter 620, F	.S., requires all			
nen adding or removing a "limited liability limited partnership" election statement	.)			
Faniel C. Zoll			16	
NIEL C. ZOLLER Trustee of the niel C. Zoller Revocable Living Trust		Ş.	20	 -
ted Jan. 19, 1989		(9-1) (9-1) (9-1)	ယ	
			<u> </u>	***
	· — — —		99	
gnature(s) of all new or dissociating general partner(s), if any:		5.7	~	
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ANIEL C 2017 The ARILDA	N. COLLER	- 	k/a	
	N. ZOLLER			of
aniel C. Zoller Revocable Living DERRY	N. Zolle			
rust Dated Jan, 19; 1989 Hilder	TATE OF			
aniel C. Zoller Revocable Living DERRY	Dared 35			