

MAR 2016 HARRISON, KIRKLAND, PRATT, MCGUIRE, P.A. P. 1
A06000001336

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : HARRISON, KIRKLAND, PRATT, MCGUIRE, P.A.
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**LP/LLP AMENDMENT/RESTATEMENT/CORRECTION
DA-DE, LLLP**

Certificate of Status	0
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HARRISON KIRKLAND PRATT

P.05



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 refile the complete document, including the electronic filing cover sheet.

Due to transmission problems, your faxed document or coversheet is illegible or incomplete. Please refile 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

P.O BOX 6327 - Tallahassee, Florida 32314

CERTIFICATE OF AMENDMENT
TO
CERTIFICATE OF LIMITED PARTNERSHIP
OF

DA-DE, LLLP

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 Florida, assigned Florida document number A06000001336 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:

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)

New Mailing Address:
(May be post office box)

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:

New Registered Office Address:

Enter Florida street address

_____, Florida _____

City

Zip Code

16 MAR 23 AM 11:32
TALLAHASSEE, FLORIDA

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>
Trustee, Daniel C. Zoller Revocable Living Trust, dated Jan. 19, 1989	DANIEL C. ZOLLER	P.O. Box 656 Bradenton, FL 34206	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
a/k/a DERRY N. ZOLLER, Trustee, Hilda N. Zoller Revocable Living Trust, Dated Jan. 19, 1989	HILDA N. ZOLLER,	P.O. Box 656 Bradenton, FL 34206	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
	DA-DE, LLC	P.O. Box 656 Bradenton, FL 34206	<input type="checkbox"/> Add <input checked="" 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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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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.)

Four horizontal lines for amending information.

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.)

Daniel C. Zoller

DANIEL C. ZOLLER, Trustee of the Daniel C. Zoller Revocable Living Trust Dated Jan. 19, 1989

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STATE OF FLORIDA
DEPARTMENT OF STATE

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

Daniel C. Zoller

DANIEL C. ZOLLER, Trustee of the Daniel C. Zoller Revocable Living Trust Dated Jan. 19, 1989

Hilda N. Zoller

HILDA N. ZOLLER, d/k/a DERRY N. ZOLLER, Trustee of the Hilder N. Zoller Revocable Living Trust, Dated Jan. 19, 1989

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