A06241

| (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: | | | |
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EXAMINER



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SECRETARY OF STATE

COVER LETTER

Registration Section

| Division of Corporations | | | | | |
|--|---|------------|--------------------------|-------------------------------|---|
| SUBJECT: | | Dade | City, Ltc | d. | |
| | me of Florida Limited Pa | | | Liability Limited Partnership | |
| The enclosed Certifi | cate of Amendment a | and fee(s |) are subn | nitted for filing. | |
| Please return all corr | espondence concerni | ing this r | natter to: | | |
| Sam | uel A. Houghton, E | sq. | | _ | |
| | Contact Person | | | , | |
| Clark, Campbe | II, Mawhinney & La | ncaster | , P.A. | _ | |
| | Firm/Company | | | | |
| 500 South | n Florida Avenue, S | uite 800 |) | _ | |
| | Address | | | | |
| Lak | eland, Florida 3380 | 01 | | _ | |
| C | City, State and Zip Code | | | - | |
| shough | nton@ccmattorneys | s.com | | | |
| E-mail address: (to | be used for future annua | report no | tification) | - | |
| For further informati | on concerning this m | atter nle | ease call· | | |
| | · · | witer, pre | ouse cuii. | | |
| Samuel A. F | loughton, Esq. | at (| 863 | <u>) 647-5337</u> | _ |
| name of Contac | ct Person | А | rea Code an | nd Daytime Telephone Number | |
| Enclosed is a check for the following amount: | | | | | |
| \$52.50 Filing Fee | \$61.25 Filing Fee and Certificate of Status | | 5.00 Filing ertified Cop | | |
| STREET ADDRES | S: | | MAILI | ING ADDRESS: | |
| Registration Section Registration Section | | | | | |
| Division of Corporat | Division of Corporations Division of Corporations | | | | |
| Clifton Building P. O. Box 6327 | | | | | |
| 2661 Executive Center Circle Tallahassee, FL 32314 | | | | | |
| Tallahassee, FL 323 | 01 | | | • | |

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

| | City, Ltd. | |
|--|----------------------|--|
| Insert name currently on fi | le with Florida Depa | rtment of State |
| Pursuant to the provisions of section 620.1202, F limited liability limited partnership, whose certification December 29, 1977, assigned Florian assigned provided in the contraction of | cate was filed wi | th the Florida Department of State on |
| adopts the following certificate of amendment to | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, <u>enter the new name of the l</u> <u>here</u> : | imited partnershi | p or limited liability limited partnership |
| New name must be distinguish | nable and contain an | acceptable suffix. |
| Acceptable Limited Partnership suffixes: Limited Partnersh Acceptable Limited Liability Limited Partnership suffixes: | | |
| B. If amending mailing address and/or principal office address here: | pal office addres | s, enter new mailing address and/or |
| New Principal Office Address: (Must be STREET address) | | SEERE I |
| New Mailing Address: (May be post office box) | | SSEEL FLOOR |
| C. If amending the registered agent and/or registe | arad office address | ROA G |
| new registered agent and/or the new registered office | | on our records, enter the name or the |
| Name of New Registered Agent: | <u></u> | |
| New Registered Office Address: | Frier Fle | orida street address |
| | Diner File | |
| | City | , Florida 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> | Type of Action | |
|---|--|--|---------------------|--|
| <u>GP</u> | Phoenix Commercial Property Management Co., Inc. | 500 South Florida Avenue Suite 800 Lakeland, Florida 33801 | _ ✓ Add _ Remove | |
| | | | Add Remove | |
| | | | Add Remove | |
| —— | | | _ Add _ Remove | |
| | PANA SA | | Add Remove | |
| | | 1 | _ | |
| 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 ac | dditional sheets, if necessary.) |
|---|----------------------|---|------------------------------------|
| | | | • |
| | | | · |
| 161.47************************************ | | | |
| | | | |
| Effective date, if other than the date of filin | າg: | | |
| Effective date, if other than the date of film (Effective date cannot be prior to nor more than 90 State.) | days after the dat | e this document is | filed by the Florida Department of |
| Signature(s) of a general partner or all g | general partne | rs*: | |
| (*NOTE: Only one current general partner is requiremoving a "limited liability limited partnership" el when adding or removing a "limited liability limited | ired to sign this do | ocument unless the Chapter 620, F.S. | |
| Willen Ollas | _ | | |
| Lake Henry Development, Inc., | | | |
| by William D. Drost, its President | | | |
| | | | |
| | - | | |
| Signature(s) of all new or dissociating ge | neral partner | (s), if any: | |
| Mynimum F. FV | | | |
| Phoenix Commercial Property Manage | ment Co., Inc | | |
| by Benjamin D. Falk, its President | | | |
| | • | | |
| | | | |
| Filing Fee: \$52.50 | | | • |
| Certified Copy (optional): \$52.50 Certificate of Status (optional): \$8.75 | | ٤ | |