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Office Use Only



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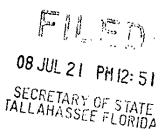
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## **COVER LETTER**

TO: Registration Division of Control	Section Corporations		
SUBJECT:	F   LP ame of Florida Limited Part		
(Na	ame of Flofida Limited Part	nership or Limited Liabilit	y Limited Partnership)
The enclosed Certif	icate of Amendment an	d fee(s) are submitted	for filing.
Please return all cor	respondence concerning	g this matter to:	
GAB	(Contact Person)  F1 LP  (Firm/Company)	<b>ह</b> र्ग	
•	(Contact Person)		
7	FI, LP		
0.4-	(Firm/Company)		
2520 0	DRAN WAY,	STE 2-36	8
,	(Address)		
aliAns	(Address)  (City, State and Zip Code)	145	
•	(City, State and Zip Code)	··· <del></del> -	
•	ion concerning this mat	•	
GABRIC	2 TONNET	_at (_ <del>786_)</del> 3	nytime Telephone Number)
(Name of Cont	act Person)	(Area Code and Da	ytime Telephone Number)
Enclosed is a check	for the following amou	ent:	
\$52.50 Filing Fee	□\$61.25 Filing Fee and Certificate of Status	□\$105.00 Filing Fee and Certified Copy	\$113.75 Filing Fee, Certified Copy, and Certificate of Status
STREET ADDRES	88.	MAILING A	nndece,
Registration Section		Registration S	
Division of Corporat		Division of C	
Clifton Building		P. O. Box 632	27
2661 Executive Cen		Tallahassee, l	FL 32314
Tallahassee, FL 323	·U1		

## CERTIFICATE OF AMENDMENT TO ERTIFICATE OF LIMITED PARTNERSHIP



(Zip Code)

OF	CALAHASSEE FLORID
ently on file with Florida Department of	of State)
e.1202, Florida Statutes, this Flor se certificate was filed with the gned Florida document number diment to its certificate of limited	Florida Department of State on
ollowing:	
e of the limited partnership or lin	nited liability limited partnership
listinguishable and contain an accep	table suffix.)
d Partnership, Limited, L.P., LP, or Ltd o suffixes: Limited Liability Limited Pa or principal office address, ent	rtnership, L.L.L.P. or LLLP.
i principal office address, enc	or new maning address and or
SUITE 2- WISHIFE	WAY 368 33141
2520 CORA SULTE 2- MIAWY FR	16 WAY 368 33148
or registered office address on or ered office address here:	ur records, enter the name of the
(Enter Florida s	treet address)
	ently on file with Florida Department of 1202, Florida Statutes, this Florida Se certificate was filed with the Ingred Florida document number Iment to its certificate of limited of sollowing:  The of the limited partnership or limited is suffixes: Limited Liability Limited Partnership, Limited, L.P., L.P., or Ltd. of suffixes: Limited Liability Limited Partnership of SUITE 2-14/1841 FC  2520 CORAL SUITE 2-14/1841 FC

(City)

## 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>		Type of Action
<u>GP</u>	GTB HOLDINGS,	9786 NW 29Th TERN DORAL FL 33172	Add Acmove
<u>6P</u>	GTB HOLDINGSTIC	2520 CORAL WAY SUTTE 2-368 MIAMI TI 33145	<b>⊠</b> Add □ Remove
	•		□ Add □ Remove
			□ Add □ Remove
		· · · · · · · · · · · · · · · · · · ·	☐ Add ☐ Remove
<del></del>			☐ Add ☐ 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.)

•	•		
			,
•			
			,
Effective date, if other th	an the date of filing:		
(Effective date cannot be prior State.)	an the date of filing; r to nor more than 90 days afte	r the date this document is fi	led by the Florida Departme
Signatura(s) of a gangra	al partner or all general i	nartnarsk:	
(*NOTE: Only one current g	general partner is required to sig imited partnership" election sta	n this document unless the li	mited partnership is adding
when adding or removing a "l	imited liability limited partners	hip" election statement.)	equires an general partners t
( )			
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Soft his			
Signature(s) of all new of	or dissociating general ne	artner(s) if any	
Signature(s) of all new of	or dissociating general pa	artner(s), if any:	-1 0
Signature(s) of all new of	or dissociating general pa	artner(s), if any:	08 J SEC TALI
Signature(s) of all new of	or dissociating general pa	artner(s), if any:	SECRITALLAH
Signature(s) of all new of	or dissociating general pa	artner(s), if any:	SECRITAN TALLAHAS
Signature(s) of all new o	or dissociating general pa	artner(s), if any:	SECRITARIO TALLAHASSEE
Signature(s) of all new of	or dissociating general pa	artner(s), if any:	SECRETANCE E TALLAHASSEE E
Signature(s) of all new of	or dissociating general pa	artner(s), if any:	سه پسپېسو
Signature(s) of all new o	or dissociating general pa	artner(s), if any:	SECRETARISEE FORITA