205

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(Re	equestor's Name)						
(Ad	ldress)						
(Ad	ldress)						
(City/State/Zip/Phone #)							
PICK-UP	☐ WAIT	MAIL					
(Bu	isiness Entity Name	e)					
(Document Number)							
Certified Copies	_ Certificates o	of Status					
Special Instructions to Filing Officer:							

Office Use Only



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07 MAR - I PH 12: 29
SECRETARY OF STATE
TALLAHASSEE FLORIDA

EFFECTIVE DATE 3-1-07

## **COVER LETTER**

TO:

TO: Registration Se Division of Co				
SUBJECT: Name of Flo	nj'Or Me orida Limited Partnershi	or Limited Liability Lim	CL L	P
The enclosed Certifica	te of Amendment ar	nd fee(s) are submitted	for filing.	
Please return all corres	pondence concernin	g this matter to:		
Please return all corres  Kimber  Schior  8085  Viera  (Ci	(Contact Person)	ner_		
Schior ,	mortya	ages LLC		<i>γ</i> ο
8085 c	(Firm/Company)  5PJ 0/95  (Address)	5 Hill	Rd LLAHYS	T MAR -
Viera	Flor	ida 3	2940 mg	
(Ci	ty, State and Zip Code)		7.0% 7.0%	\(\frac{1}{2}\)
For further information	n concerning this ma	atter, please call:	400 AUE	· 29
Kimberly (Name of Contact Enclosed is a check fo	Turner	_at ( <u>32/</u> ) =	253-6	3 <u>3 3</u>
(Name of Contact	t Person)	(Area Code and D	Daytime Telephone Nu	ımber)
Enclosed is a check fo	r the following amou	unt: (327) (2	38-39	88
•	\$61.25 Filing Fee and Certificate of Status	\$105.00 Filing Fee and Certified Copy		ıd
STREET ADDRESS Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 3230	ons r Circle	Registration	Corporations 327	

## CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

Sen	ior m	nort	g 990 y on title with FI	S	466		
	(Insert r	ame current	on file with Fl	orida Departi	ment of State)		<del></del>
partnership Florida De	the provisions or limited lial partment of State of amendment	oility limite ate on <u>J</u>	d partnership	, whose cer マのカユ	rtificate was:	filed with the	
FIRST: A	mendment(s):	(Indicate in	nformation be	ing amend	ed, added, or	deleted)	
1. Ada	dition Kimbe	of C/Y	Gene Tur	ral	Par	there	07 M
2, JET	Dary	/ -	TURN	00	POUT!	カモノデ語	<del>- 20</del>
						- SS 27	
		<del></del>					<u> </u>
							<u>ਜ਼ਹਾਂ</u> ਜ਼ਹਾਂ
						<u> </u>	<u>. ŏ</u>
	Effective dat te cannot be prior of State.)						ZŽ. / * rida
(*Note: If ac	s) of a general dding or deleting t sign the amendr	an election to		bility limited	partnership sta	tement, all gene	ral
OM	twing		_				<del></del>
Signature(s	s) of <u>new</u> or <u>di</u>	ssociating	general partn	er(s), if any	<b>/:</b>		
Kim.	buly.	Ing.		Ge	neral	Part.	ner
Filing Fee		1	\$52.50		0 .		
	Copy (optiona e of Status (op		\$52.50 \$8.75				

EFFECTIVE DATE 3-1-07