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(City/State/Zip/Phone #)

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☐ WAIT

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(Business Entity Name)

(Document Number)

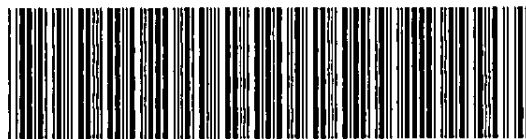
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12 MAY 24 PM 4:08

RECEIVED
DIVISION OF CORPORATIONS

CAMERON & MITTLEMAN ELL P



cschneider@cm-law.com

May 15, 2012

Florida Department of State
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir/Madam:

RE: Lyons Whitehall Family Limited Partnership

Enclosed for filing is a Certificate of Amendment to Certificate of Limited Partnership for the above-referenced Partnership. Also enclosed is a check in the amount of \$52.50 representing the filing fee.

If you could stamp the extra copy of the enclosed Certificate of Amendment as filed and return the same to me in the envelope enclosed, I would greatly appreciate the same.

Thank you for your assistance.

Very truly yours,

A handwritten signature in cursive script that reads 'Catherine T. Schneider'. The signature is written in dark ink and is positioned above the printed name.

Catherine T. Schneider

CTS/dla
Enclosure

P:\DOCS\LYONS\24655\LETTERS\20F7840.DOCX

Richard S. Mittleman
E. Colby Cameron*
Bruce W. Gladstone*
Justin T. Shay
Joseph F. Whinery, Jr.
Robert A. Migliaccio
Karen G. Dell'Ponte*
John W. Wolfe*
Joseph A. Ancona*
Cynthia L. Warren*
Lynn E. Riley*
Sandra Matrone Mack
Scott F. Biorecki
Ernest D. Humphrey
Catherine T. Schneider*
W. Thomas Humphreys*
Sally P. McDonald*

Of Counsel

Lori J. Lousarian*

**Also admitted in Massachusetts*

†Also admitted in Florida

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LYONS WHITEHALL FAMILY LIMITED PARTNERSHIP
Name of Florida Limited Partnership or Limited Liability Limited Partnership

The enclosed Certificate of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Catherine T. Schneider, Esq.
Contact Person
Cameron & Mittleman LLP
Firm/Company
301 Promenade Street
Address
Providence, RI 02908
City, State and Zip Code
cschneider@cm-law.com
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Catherine T. Schneider at (401) 331-5700
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$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 ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

12 MAY 24 PM 4:08

Insert name currently on file with Florida Department of State

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>
General Partner	Heather M. Lyons	11613 Charisma Way Palm Beach Gardens, FL 33410	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
General Partner	Christopher D. Graham, Trustee of The Lyons Family Irrevocable Trust- 2007, dated June 5, 2007	c/o Edwards Wildman Palmer, LLP 2800 Financial Plaza Providence, RI 02903	<input checked="" 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
			<input type="checkbox"/> Add <input type="checkbox"/> 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.)*

F. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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.)

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



(Heather M. Lyons) (Dissociating General Partner)

(Christopher D. Graham, Trustee of The

Lyons Family Irrevocable Trust-2007)

(New General Partner)

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

F. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

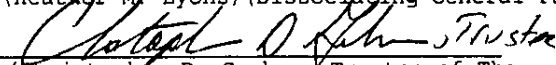
Effective date, if other than the date of filing: _____
(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

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.)

_____	_____
_____	_____
_____	_____
_____	_____

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

(Heather M. Lyons) (Dissociating General Partner)	_____
	_____
(Christopher D. Graham, Trustee of The	_____
Lyons Family Irrevocable Trust-2007)	_____
(New General Partner)	_____

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