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EXAMINER

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SECRE DARY OF STATE

## **COVER LETTER**

TO: Registration Section

Division of Co	orporations		
SUBJECT: Bu		nership or Limited Liability	MES L.P
(INBIT)	ne of Fiorida Limited Fart	nership of Limited Liability	Chilited Farthership)
The enclosed Certific	ate of Amendment an	d fee(s) are submitted	for filing.
Please return all corre	espondence concernin	g this matter to:	
BLACK	(Contact Person) Honse VE (Firm/Company)	ENTUNES	TALLAH
5601 T	(Address)	<u>هـ</u>	ASSET
Lutz (	City, State and Zip Code)	<u>ss 8                                   </u>	FLORIDA
For further information	on concerning this ma	tter, please call:	
PAND GEN (Name of Conta	ct Person)	at ( <u>8)3</u> ) 9 (Area Code and De	49-600 O aytime Telephone Number)
Enclosed is a check f	or the following amou	ınt:	
\$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 Corporate Clifton Building 2661 Executive Center Tallahassee, FL 3236	ions er Circle	MAILING A Registration Division of C P. O. Box 63 Tallahassee,	Section Corporations 27

2009 FEB 26 PM 2: 04

## CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

BLACK Horse V	EUTUNES	<u>L</u> .P.	
(Insert name currently on	file with Florida Depart	ment of State)	
Pursuant to the provisions of section 620.1202, limited liability limited partnership, whose certificate of amendment to adopt the following certificate of amendment to	ficate was filed with orida document nur	the Florida Department of Stat nber <u>A 07000008</u>	
This amendment is submitted to amend the following	:		
A. If amending name, enter the new name of the	limited partnership	or limited liability limited partne	rship
<u>here</u> :			
(New name must be distinguis	hable and contain an	acceptable suffix.)	
Acceptable Limited Partnership suffixes: Limited Partner Acceptable Limited Liability Limited Partnership suffixes			
B. If amending mailing address and/or principal office address here:	ipal office address	enter new mailing address an	<u>ıd/or</u>
New Principal Office Address:		2009 SEC FALL	
(Must be STREET address)		EB 2	Approximate the second
New Mailing Address: (May be post office box)		SEE, THE	m
(mily be post office box)	*****	2: 04 OFIDA	All man
C. If amending the registered agent and/or registered agent and/or the new registered of		on our records, enter the name	of the
Name of New Registered Agent:			
New Registered Office Address:	(Enter Flo	rida street address)	
		, Florida	
4-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	(City)	(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)

Đ.	If amending t	he general	partner(s),	enter the	name and	<u>business</u>	address	of each	general	partner	being
<u>ade</u>	ded or removed	from our	records:								

Title	<u>Name</u>	<u>Address</u>	Type of Action
	<del>,</del>		Add Remove
			ZIO9 FEB 26
			Reniove P
			Add Q Remove
			_ □ 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		This Limited Par	rtnerchin l	hereby elect	e to he a	"Limited	Liahility	Limited	Partnershin."
---	--	------------------	-------------	--------------	-----------	----------	-----------	---------	---------------

(NOTE: If adding or removing" limited liability limited partnership" status, all general partners must sign this amendment.)

This Limited Partnership hereby removes its "Limited Liability Limited Partnership" status.

F. If amending any other information, enter chai	nge(s) nere: /	(Attacn	aaaiiiona	i sneets, ij i	iecessary.)	1
SECTION 3.02 AND SCH	POULE	A	ARE	Am Er	V050	70
DELETE DANIEL MYER	S AS	A	Limiz	ED	PARIX	ER.
SCHEDULE A is also R						
NICHOLAS FLASKAY A					-	
•			^			461
HAVE A 50% INTERE					15th	
(Effective date cannot be prior to nor more than 90 days State.)	after the date	this doc	ument is fi	led by the F	lorida Depa	artment of
orane.)						
Signature(s) of a general partner or all gene	ral partners	<u>s*:</u>				
(*NOTE: Only one current general partner is required tremoving a "limited liability limited partnership" election						
when adding or removing a "limited liability limited par					•	
-/ lmoth		<b>&gt;</b>	11	1 1	/	
Martle ( &	FOR _	DU	tck H	orse-v	ENTUM	KS, told
	-	<u>.</u>				
	_				*******	
	_		•••		ALE SEE	2009
	<del></del>				<u> </u>	<del></del>
Signature(s) of all new or dissociating gener	al partner(s	<u>s), if ar</u>	<u>ıv</u> :		SSE FER	26
					(1) <u>1</u>	70
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Filing Fee: \$52.50 Certified Copy (optional): \$52.50						
Certificate of Status (optional): \$8.75						