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| (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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Office Use Only



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12 JUN 25 PH 2: 50

SECRETARY OF STATE DIVISION OF CORPORATION

WUN 2.8 ZUIZ

P. HAMPTON

COVER LETTER

| TO: Registration Section Division of Corporations | | | | | | |
|--|---|--|--|--|--|--|
| SUBJECT:M | 1B &CB, LLLP | | | | | |
| 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 | g this matter to: | | | | | |
| Mark L Blas | | | | | | |
| Contact Person | | | | | | |
| Firm/Company | | | | | | |
| 251 SW 129th Ter | | | | | | |
| Address | | | | | | |
| Newberry, FL 32669 | | | | | | |
| City, State and Zip Code | | | | | | |
| blasm12@gmail.com | | | | | | |
| E-mail address: (to be used for future annual report notification) | | | | | | |
| For further information concerning this matter, please call: | | | | | | |
| Mark L Blas | at (352) 215-1364 | | | | | |
| Name of Contact Person | Area Code and Daytime Telephone Number | | | | | |
| Enclosed is a check for the following amou | int: | | | | | |
| \$52.50 Filing Fee And Certificate of Status | \$105.00 Filing Fee and Certified Copy Certified Copy, and Certificate of Status | | | | | |
| STREET ADDRESS: Registration Section Division of Corporations | MAILING ADDRESS: Registration Section Division of Corporations | | | | | |
| Clifton Building | P. O. Box 6327 | | | | | |
| 2661 Executive Center Circle Tallahassee, FL 32314 | | | | | | |

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

| • | | OF | | | | |
|---|----------------------|---|----------------------|-----------------------|----------------|--------------|
| | мв а | &CB, LLLP | | | | |
| Insert name curr | | ile with Florida Departm | ent of State | | | |
| Pursuant to the provisions of section 620 limited liability limited partnership, who 10/01/2007, assi | se certif gned Fl | icate was filed with torida document numb | he Florida D berA | Department o 07000011 | f State | on , |
| adopts the following certificate of amend | iment to | its certificate of lim | ited partners | hip. | | |
| This amendment is submitted to amend the fo | ollowing: | | | | | |
| A. If amending name, enter the new nam here: | e of the | limited partnership o | r limited liab | oility limited | <u>partner</u> | <u>ship</u> |
| New name must be | distinguis | shable and contain an acc | eptable suffix. | | | _ |
| Acceptable Limited Partnership suffixes: Limited Acceptable Limited Liability Limited Partnership | | | | L.L.L.P. or LLi | LP. | |
| B. If amending mailing address and/o principal office address here: | or princ | ipal office address, g | enter new n | nailing addr | ess and | <u>1/or</u> |
| New Principal Office Address: | | 251 SW 129th To | er | | _ | |
| (Must be STREET address) | | Newberry, FL 32 | 669 | | _ | |
| New Mailing Address: (May be post office box) | | 251 SW 129th Ter Newberry, FL 32669 | | | | |
| | | | | | _ | |
| C. If amending the registered agent and new registered agent and/or the new registered. | | | n our record | ls, <u>enter the </u> | name o | f the |
| Name of New Registered Agent: | Marl | Mark L Blas | | | | |
| New Registered Office Address: | | 251 SW 129th Ter | | | _ 72 | SIAIC |
| | | Enter Florida street address | | | JUN 25 | SEC. |
| | | Newberry | , Florida | | - 25 | PAR. |
| | | City | | Zip Code | PH 2: 50 | CORPORATIONS |
| | _ | | | | _ | Š |

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.

Much TS WS

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: **Type of Action** Address **Title** <u>Name</u> MARK BLAS 251 SW 129th TER Add

Nowborry FL Remove 13210 MW 19th R COMPOSURE FL Add Remove 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 ch | ange(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 State.) | r the date this document is filed by the Florida Department of |
| Signature(s) of a general partner or all general p | partners*: |
| (*NOTE: Only one current general partner is required to sig removing a "limited liability limited partnership" election sta when adding or removing a "limited liability limited partners | tement. Chapter 620, F.S., requires all general partners to sign |
| X Janis R. Blag | |
| * Marilyn Hay Delas | |
| | |
| Signature(s) of all new or dissociating general page | artner(s), if any: |
| Danielle B. Blan | |
| | |
| | |
| Filing Fee: \$52.50 | DIVISION 12 JUN |
| Certified Copy (optional): \$52.50 Certificate of Status (optional): \$8.75 | V 25 PI |