

A08 000000470

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

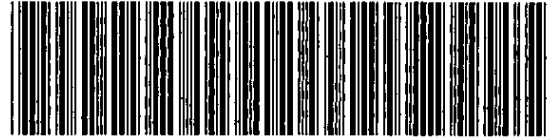
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800139163848

12/22/08--01066--013 **52.50

FILED
2008 DEC 31 PM 12:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE

JAN - 5 2009

EXAMINER

A08-470



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 23, 2008

ANNIE ADKINS
150 N. SWINTON AVENUE, SUITE 101
DELRAY BEACH, FL 33444

SUBJECT: ADAM REALTY GROUP OF FLORIDA LLLP
Ref. Number: A08000000470

We have received your document for ADAM REALTY GROUP OF FLORIDA LLLP and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

On the amendment form in section D you can only list general partner not vp.

Please return your document, along with a copy of this letter, within 60 days your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline
Regulatory Specialist II

Letter Number: 608A00061464

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2008 DEC 31 PM 12:41

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ADAM REALTY GROUP OF FLORIDA 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 this matter to:

Annie J. Adkins
(Contact Person)

LAW OFFICE OF ANNIE J. ADKINS LLC
(Firm/Company)

150 N. Swinton Avenue Suite 101
(Address)

Delray Beach, Florida 33444
(City, State and Zip Code)

For further information concerning this matter, please call:

Annie J. Adkins at (561) 543.0316
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|---|--|---|
| <input checked="" type="checkbox"/> \$52.50 Filing Fee | <input type="checkbox"/> \$61.25 Filing Fee and Certificate of Status | <input type="checkbox"/> \$105.00 Filing Fee and Certified Copy | <input type="checkbox"/> \$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

2008 DEC 31 PM 12:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

**CERTIFICATE OF AMENDMENT
TO
CERTIFICATE OF LIMITED PARTNERSHIP
OF**

ADAM REALTY GROUP OF FLORIDA LLLP

(Insert name currently on file with Florida Department of State)

Pursuant to the provisions of section 620.1202, Florida Statutes, this Florida limited partnership or limited liability limited partnership, whose certificate was filed with the Florida Department of State on April 24, 2008, assigned Florida document number A 08000000470, adopts the following certificate of amendment to its certificate of limited partnership.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited partnership or limited liability limited partnership here:

(New name must be distinguishable and contain an acceptable suffix.)

Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.

Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.

B. If amending mailing address and/or principal office address, enter new mailing address and/or principal office address here:

New Principal Office Address:
(Must be STREET address)

ADAM REALTY GROUP OF FLORIDA LLLP
150 N. Swinton Avenue Suite 101
Delray Beach, Florida 33444

New Mailing Address:
(May be post office box)

ADAM REALTY GROUP OF FLORIDA LLLP
150 N. Swinton Avenue Suite 101
Delray Beach, Florida 33444

2008 DEC 31 PM 12:41
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

C. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Same Annise J. Adams

New Registered Office Address:

150 N. Swinton Avenue Suite 101

(Enter Florida street address)

Delray Beach, Florida 33444

(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)

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> |
|-------------------|---|--|--|
| <u>GP</u> | <u>Annie J. Adkins</u> | <u>150 North Swinton Avenue</u> <u>Suite 101</u> <u>Delray Beach, FL 33444</u> | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
| <u> </u> | <u> </u> | <u> </u> | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| <u> </u> | <u> </u> | <u> </u> | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| <u> </u> | <u> </u> | <u> </u> | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| <u> </u> | <u> </u> | <u> </u> | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| <u> </u> | <u> </u> | <u> </u> | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| <u> </u> | <u> </u> | <u> </u> | <input type="checkbox"/> Add <input type="checkbox"/> Remove |

FILED

2008 DEC 31 PM 12:42
CLERK OF COURT
STATE OF FLORIDA

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.

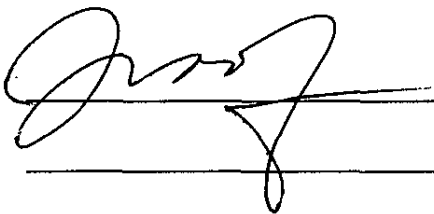
(NOTE: *If adding or removing "limited liability limited partnership" status, all general partners must sign this amendment.***)**

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.)



JOHN D ROOF

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

FILED
2008 DEC 31 PM 12:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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