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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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TALLAHASSEE, FLORIDA

D. BRUCE

FEB 24 2012

EXAMINER

30 South Wacker Drive, Suite 2600, Chicago, Illinois 60606
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CHUHAK&TECSON.pc.
attorneys at law

Paul Foreman

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312-855-4601

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pforeman@chuhak.com

February 10, 2012

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

Re: Armatorio Group Limited Partnership

Dear Sir or Madam:

Enclosed please find an Application for Registration of Fictitious Name for Gene G. Armatorio Family GST Exempt Trust, in duplicate, as well as a check in the amount of \$50 in payment of the filing fee.

Also enclosed is a letter dated January 30, 2012 from the Florida Dept. of State and the Articles of Amendment to the Certificate of Limited Partnership for the Armatorio Group Limited Partnership, in duplicate.

Please file these documents as appropriate. Once the filings have been completed, please return copies to my attention in the enclosed envelope.

Should you have any questions regarding this matter, please call me.

Sincerely,



Paul Foreman, Corporate Paralegal

PF

Enclosures

cc: Donald J. Russ, Jr.

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 30, 2012

PAUL FOREMAN
CHUHAK & TECSON, P.C.
30 S. WACKER DRIVE, SUITE 2600
CHICAGO, IL 60606

SUBJECT: ARMATORIO GROUP LIMITED PARTNERSHIP
Ref. Number: A08000000593

We have received your document for ARMATORIO GROUP LIMITED PARTNERSHIP and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Every corporation, limited partnership, general partnership, limited liability company or trust listed as a general partner of a limited partnership, general partnership, or registered limited liability limited partnership must have an active registration/filing on file with this office before this filing can be completed. We are enclosing the appropriate instructions and/or forms for your convenience.

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

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce
Regulatory Specialist II

Letter Number: 012A00003100

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Armatorio Group 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:

Paul Foreman

Contact Person

Chuhak & Tecson, P.C.

Firm/Company

30 S. Wacker Drive, Suite 2600

Address

Chicago, IL 60606

City, State and Zip Code

pforeman@chuhak.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Paul Foreman

Name of Contact Person

at (312)

855-4601

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

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TALLAHASSEE, FLORIDA

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

Armatorio Group Limited Partnership

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 06/10/2008, assigned Florida document number A08000000593, 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)

New Mailing Address:

(May be post office box)

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:

Karen L. Armatorio

New Registered Office Address:

1427 Bethune Way

Enter Florida street address

The Villages

City

Florida

32162

Zip Code

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CLERK 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.

Karen L. Armatorio

If Changing Registered Agent, Signature of New Registered Agent

Karen L. Armatorio

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>	Gene G. Armatorio Family GST Exempt Trust	1427 Bethune Way The Villages, FL 32162 <u>612000017639</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>GP</u>	Gene G. Armatorio Trust	1427 Bethune Way The Villages, FL 32162	<input type="checkbox"/> Add <input checked="" 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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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TALLAHASSEE, FLORIDA

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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.)

Karen L. Armatorio, Trustee
Karen L. Armatorio, Trustee of the Karen L. Armatorio Trust, GP

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

Karen L. Armatorio, Trustee
Karen L. Armatorio, Trustee of the Gene G. Armatorio Trust, the dissociating GP

Karen L. Armatorio, Trustee
Karen L. Armatorio, Trustee of the Gene G. Armatorio Family GST Exempt Trust, the new GP

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

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