## Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CARLTON FIELDS

Account Number: 076077000355

Phone : (813)223-7000

Fax Number

: (813)229-4133

**&P/LLLP AMENDMENT/RESTATEMENT/CORRECTION** 

JJK & CMK FAMILY, LTD.

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	\$113.75

A. LUNT SEP 16 2008 EXAMINER

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## CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

JJK & CMK Family, Ltd.		·		. 0
(Insert name currently is	n file with Florida Dep	partment of State)		
	tificate was filed w Florida document :	rith the Florida Departumber A0800000081	timent of S	
adopts the following certificate of amendment	to its certificate of	limited partnership.	_4	<del></del>
This amendment is submitted to amend the followin	g:	·	SECR	島公
A. If amending name, enter the new name of th	e ilmited partnersi	ip or limited hability	(Imitted ou	rtneship
<u>here</u> :			SSE	5
CMK & JJK Family, Ltd.			E C	
(New name must be distingu	shable and contain:	on acceptable suffix.)	-17	1
Acceptable Limited Partnership suffixes: Limited Partne Acceptable Limited Liability Limited Partnership suffixe			P (2)	G 24
B. If amending mailing address and/or prin principal office address here:	rcipal office addre	ess, <u>cator new muilir</u>	ig addres	s and/or
New Principal Office Address: (Must be STREET address)				
New Mailing Address: (May be post affice box)		•		
C. If umending the registered agent and/or reg new registered agent and/or the new registered o		ess on our recor <b>ds, <u>en</u></b>	ter the na	me of the
Name of New Registered Agent:				
New Registered Offlee Address:	(Enter l	Florida street address)		
		, Florida		
<del></del>	(City)		Code	
·				

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## 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>	Name	Address	Type of Action
			□ Add □ Remove
			TANGE OF THE PROPERTY OF THE P
			ASSEMBLE DIRECTOR
			FLORING 2.
			Add C Remove
<del></del>			_

- 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.)

From: 954 981 8074

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fective date, if other than the date of filing: Dat	57
ective date cannot be prior to nor more than 90 days at	fier the date this document is filed by the Florida Department of
(e.)	المراجع
mature(s) of a general partner or all genera	l partpers*:
OTE: Only one current general partner is required to a	sign this document unless the limited partnership is adding or
oving a "limited liability limited parmership" election	Chartes 420 RS and thought and any and any
en adding or removing a "limited liability limited partne	
	ership" election statement.)
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