

A080000000862

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

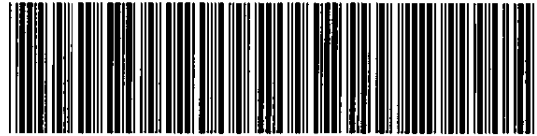
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

N. Goffman MAR 17 2009



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March 10, 2009

Registration Section
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

Re: Collette Family, LLLP

Dear Sir/Madam:

Enclosed for filing, please find the original Certificate of Amendment to Certificate of Limited Partnership of Collette Family, LLLP. Also enclosed is our firm's check in the amount of \$52.50 for the filing of such amendment. After filing is complete, please return a copy of said filing to the undersigned. Thank you.

Sincerely,

Helen Brock Ford
Paralegal

/hbf
Enclosures

Cc: Dr. Robert P. Collette

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

COLLETTE FAMILY LLLP

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

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**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

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 10/02/08, assigned Florida document number A08000000862, 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:

New Registered Office Address:

(Enter Florida street address)

_____, Florida

(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>
GP	Robert P. Collette, Trustee	1426 Caring Court	<input type="checkbox"/> Add
	Robert P. Collette Family	Maitland, FL 32751	<input checked="" type="checkbox"/> Remove
	Trust dated 7/2/08		
GP	Robert P. Collette and	1426 Caring Court	<input checked="" type="checkbox"/> Add
	Wendy Shay Collette, a/k/a	Maitland, FL 32751	<input type="checkbox"/> Remove
	Wendy Shay Temple, as		
	tenants by the entirety		
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> 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 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.)

Robert P. Collette Family Trust
dated 7/2/08/Withdrawing GP

By: Robert P. Collette
Robert P. Collette, Trustee

Admitted General Partner

Robert P. Collette
Robert P. Collette
Wendy Shay Collette
Wendy Shay Collette, tenants by the
a/k/a Wendy Shay Collette, entirety
Temple

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

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

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