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SECRETARY OF STATE DIVISION OF CORPORATIONS

T. HAMPTON

JAN 3 6 2011

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: TERRA MOI	400 C.P.
Name of Florida Limited P	artnership or Limited Liability Limited Partnership
The enclosed Certificate of Amendment	and fee(s) are submitted for filing.
Please return all correspondence concern	ing this matter to:
TOM DELAHANTY Contact Person	
Firm/Company	
P.O. Bax 5685	7
P.O. Box 5685 Address	
JACKSONVILLE FL.	32241-6855
City, State and Zip Code	
E-mail address: (to be used for future annu	al report notification)
For further information concerning this	natter, please call:
TOM DELAHANTY	at (904) 716-9300 Area Code and Daytime Telephone Number
Name of Contact Person	Area Code and Daytime Telephone Number
Enclosed is a check for the following an	iount:
\$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 Clifton Building 2661 Executive Center Circle Tallahassee, FL, 32301	MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

FILED SECRETARY OF STA DIVISION OF CORPORA

11 JAN 24 PM 216

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

IERRA MONDO	LP.
Insert name currently on fil	le with Florida Department of State
10-24-08 , assigned Flo	cate was filed with the Florida Department of State on rida document number A0800000911,
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 lines:	imited partnership or limited liability limited partnership
TERRA MONDO TOVE New name must be distinguish	AND
Acceptable Limited Partnership suffixes: Limited Partnersh Acceptable Limited Liability Limited Partnership suffixes: I	
B. If amending mailing address and/or principal office address here:	pal office address, enter new mailing address and/or
New Principal Office Address: (Must be STREET address)	
New Mailing Address: (May be post office box)	
C. If amending the registered agent and/or registened registered agent and/or the new registered office	ered office address on our records, enter the name of the se address here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	City Zin 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>	Name	Address	Type of Action		
			Add Remove		
			Add Remove	_	VIG S
			Add Remove	11 JAN 24	SECRETARY DIVISION OF C
			Add Remove	PM 2: 30	FILED FARY OF STATE OF CURPORATIONS
			Add Remove	(3)	SNO
—			Add 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.)

ffective date, if other than the date of filing:	
ffective date <mark>cannot</mark> be prior to nor more than 90 da; ate.)	ys after the date this document is filed by the Florida Department of
···· /	
ignature(s) of a general partner or all gen	oral nartnars*.
moving a "limited liability limited partnership" elect	d to sign this document unless the limited partnership is adding or tion statement. Chapter 620, F.S., requires all general partners to sign
hen adding or removing a "limited liability limited pa	artnership" election statement.)
	·
ignature(s) of all new or dissociating gene	eral partner(s), if any:
ignature(s) of all new or dissociating gene	eral partner(s), if any:
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Signature(s) of all new or dissociating general filling Fee: \$52.50	eral partner(s), if any: