

A090000000187

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

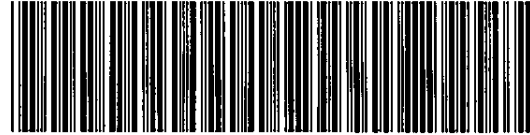
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400252567814

10/22/13--01018--010 \*\*113.75

FILED  
2013 OCT 22 AM 11:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Blouffgan OCT 24 2013

# ICARD MERRILL

ATTORNEYS & COUNSELORS

Bruce P. Chapnick  
Attorney At Law

2033 Main Street  
Suite 600  
Sarasota, FL 34237  
941.366.8100  
Direct: 941.552.3889  
Fax: 941.366.6384  
bchapnick@icardmerrill.com

icardmerrill.com

October 21, 2013

**VIA FEDERAL EXPRESS/  
OVERNIGHT DELIVERY**

Florida Department of State  
Attn: Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

RE: Certificate of Amendment to Certificate of Limited Partnership of Rountree Sarasota L.P.  
FL Document No.: A09000000187  
Our File No.: 64413-99667

Dear Sir or Madam:

Enclosed please find one (1) original and one (1) copy of the Certificate of Amendment to Certificate of Limited Partnership of Rountree Sarasota L.P. for filing with the Florida Department of State, together with our firm check (no. 83721) in the amount of One Hundred Thirteen and 75/100 Dollars (\$113.75) representing the following fees:

Filing Fee	--	\$52.50
Certified Copy Fee	--	\$52.50
Certificate of Status Fee	--	\$ 8.75

Please forward the filing acknowledgment, Certified Copy, and Certificate of Status to the following:

Icard Merrill  
Attn: Bruce P. Chapnick, Esq  
2033 Main Street, Suite 600  
Sarasota, FL 34237

Thank you.

Kim K. Alvarez  
Legal Assistant to Bruce P. Chapnick

BPC/ka  
w/enc.

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ROUNTREE SARASOTA L.P.  
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:

BRUCE P. CHAPNICK, ESQ.

Contact Person

ICARD MERRILL

Firm/Company

2033 MAIN STREET, SUITE 600

Address

SARASOTA, FL 34237

City, State and Zip Code

BCHAPNICK@ICARDMERRILL.COM

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

For further information concerning this matter, please call:

BRUCE P. CHAPNICK

Name of Contact Person

at ( 941 )

366-8100

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

FILED

2013 OCT 22 AM 11: 01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**ROUNTREE SARASOTA L.P.**

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 March 23, 2009, assigned Florida document number A09000000187, 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)*

604 Rountree Drive

Longboat Key, FL 34228

**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:

Paul W. Loukas

New Registered Office Address:

604 Rountree Drive

*Enter Florida street address*

Longboat Key, Florida

*City*

34228

*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	Caherdaniel Capital Corporation	604 Rountree Drive Longboat Key, FL 34228	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
GP	Paul William Loukas	604 Rountree Drive Longboat Key, FL 34228	<input checked="" 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

**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.)

  
Paul William Loukas

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

  
Paul William Loukas

2013 OCT 22 AM 11:01  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

FILED

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