# A0900000131

(R	(equestor's Name)	
(A	ddress)	
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(C	ity/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(B	lusiness Entity Nan	ne)
(D	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to FINOV MADL  FILM O H		amend.

Office Use Only

L. SELLERS

NOV 1 8 2009

**EXAMINER** 



900161814319

SECRETALY OF SIATE

#### COVER LETTER

TO:	Registra Division				_			
SUBJ	ECT:	Q		CAPETA				
		Na	ime of	Florida Limited P	artnership or	Limited Liability	y Limited	d Partnership
The er	nclos <del>e</del> d C	Certifi	icate	of Amendment	and fee(s)	are submitted	for filir	ng.
Please	return a	ll con	respo	ndence concern	ing this ma	itter to:		
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	D€	<u>ルで</u>	بهب	Address	H, F	334	46	
	€w . ( -mail addr	30	e D c	state and Zip Code	PROPE	fication)	Co	M
For fu	irther inf	ormai	tion c	oncerning this	natter, plea	ise call:		
	Ew Name o	f Cont	act Per	-Soci	at ( <u>\</u> Are	a Code and Day	→ S- time Tel	9(53 ephone Number
Enclo	sed is a c	heck	for ti	ne following an		NIA		
\$52	2.50 Filing	Fee	and	\$61.25 Filing Fee I Certificate of tus		5,00 Filing Fee rtified Copy	Certi	13.75 Filing Fee, fied Copy, and ficate of Status
Regis Divis Clifto 2661	EET AD stration S ion of Co on Buildin Executive hassee, F	ection orpora ng re Cer	n ations ater C			MAILING Registration Division of P. O. Box 6 Tallahassee	Section Corpora 327	n ations

## CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

CERTIFICATE OF	OF	
103 CAPITA	41 PARTHERS, LL ile with Florida Department of State	_P
Insert name currently on fi	ile with Florida Department of State	<del></del>
Pursuant to the provisions of section 620.1202, F limited liability limited partnership, whose certificate of amendment to	icate was filed with the Florida Departmen	nt of State on
adopts the following certificate of amendment to	ns certificate of finited partnership.	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the	limited partnership or limited liability limit	ed partnership
here:	PARTHERS 111P	
New name must be distinguis	PARTHERS LLCP shable and contain an acceptable suffix.	
Acceptable Limited Partnership suffixes: Limited Partners Acceptable Limited Liability Limited Partnership suffixes:	ship, Limited, L.P., LP, or Ltd. Limited Liability Limited Partnership, L.L.L.P. or	· LLLP.
B. If amending mailing address and/or principal office address here:	ipal office address, <u>enter new mailing ac</u>	idress and/or
N D : : 1000 - 111	N/A	
New Principal Office Address: (Must be STREET address)		
,		
New Mailing Address: (May be post office box)		
		<del></del>
C. If amending the registered agent and/or regis new registered agent and/or the new registered off		he name of the
	N/A	
Name of New Registered Agent:		<del></del>
New Registered Office Address:		<del></del>
	Enter Florida street address	
	, Florida	
	City Zip Code	" [ 9 <b>x</b>
		09 NOV 12 SEURETARY ALLAHASSE
		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
P	Page 1 of 3	iffici 🤛 🏲

#### 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.

	Address Type of Action  Add Remove  Add Remove  Add Remove
	Remove  Add Remove
	Add Remove
	Remove
<del></del>	
	Add
	Add Remove
	Add
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	Add

(NOTE: If adding or removing" limited liability limited partnership" status, all general partners must sign this amendment.)

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	·			
fective date, if other than the date fective date cannot be prior to nor more to.)	e of filing: e than 90 days after t	the date this document is	filed by the Florida L	Department of
gnature(s) of a general partuer	or all general na	artners*:		
NOTE: Only one current general partnowing a "limited liability limited partnown adding or removing a "limited liabil	er is required to sign ership" election state	this document unless the mem. Chapter 620, F.S.	limited partnership i , requires all general	s adding or partners to sig
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Buffer	<u></u>			
	···	***************************************		
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gnature(s) of all new or dissoci	ating general pa	rmer(s), ii any:		
	<del></del>			·
ling Fee: ertified Copy (optional):	\$52.50 \$52.50		7	99 NOV 12

850-245-6030
ATTENTION: LESLIE
THANK YOU,
LEW GORDON

### FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

Attached is a form to amend the certificate of limited partnership of a Florida limited partnership or limited liability limited partnership.

A certificate of limited partnership may be amended by filing a certificate of amendment with the Florida Department of State. The certificate of amendment must comply with section 620.1202, Florida Statutes, and must contain the following information:

- (1) The name of the limited partnership or limited liability limited partnership;
- (2) The date of filing of the certificate of limited partnership; and
- (3) The amendment to the certificate of limited partnership.

Section 620.1204, Florida Statutes, requires the certificate of amendment to be signed by at least one general partner and by each new general partner designated in the amendment, if any. If adding or deleting an election to be a limited liability limited partnership, all general partners must sign the amendment.

Pursuant to Chapter 620, Florida Statutes, every legal or commercial business entity listed as a general partner of a limited partnership or limited liability limited partnership must have an active registration or filing on file with the Florida Department of State before the enclosed document can be processed by this office. Should you need the form and instructions to properly register a non-individual general partner, please call (850) 245-6051.

The fee to file the amendment is \$52.50. Certified copies of the amendment are \$52.50 each. You should total all fees and forward one check made payable to the Florida Department of State for the total amount.

Please include a cover letter containing your telephone number, return address and certification requirements, or complete the attached cover letter.

#### STREET ADDRESS:

#### **MAILING ADDRESS:**

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

For further information, you may contact the Registration Section at (850) 245-6051.

INHS54 (5/08)