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| | 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:

L. SELLERS

DEC - 9 2010

EXAMINER

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COVER LETTER

| Division of Corporations | | | | | |
|-----------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|--|--|--|--|
| SUBJECT: Charlotte Harbor Marina, L.P. | | | | | |
| Name of Florida Limited Pa | 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: | | | | |
| Maria Heise Contact Person | | | | | |
| Contact Person | | | | | |
| Firm/Company | | | | | |
| 5174 Conner Terrace | 9 | | | | |
| Address | | | | | |
| Port Charlotte, FL 339 City, State and Zip Code | 81 | | | | |
| mheise17@gmail.com E-mail address: (to be used for future annua | n I report notification) | | | | |
| For further information concerning this m | natter, please call: | | | | |
| maria heise | at (<u>941</u>) <u>258-2877</u> | | | | |
| Name of Contact Person | Area Code and Daytime Telephone Number | | | | |
| Enclosed is a check for the following amo | ount: | | | | |
| \$52.50 Filing Fee S61.25 Filing Fee and Certificate of Status | \$105.00 Filing Fee and Certified Copy Status \$113.75 Filing Fee, Certified Copy, and Certificate of Status | | | | |
| STREET ADDRESS: | MAILING ADDRESS: | | | | |
| Registration Section | Registration Section | | | | |
| Division of Corporations | Division of Corporations | | | | |
| Clifton Building | P. O. Box 6327 | | | | |
| 2661 Executive Center Circle Tallahassee, FL 32301 | Tallahassee, FL 32314 | | | | |
| Talialiassee, FL 52501 | | | | | |

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

| | erbor Marina, L.P. le with Florida Department of State |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| limited liability limited partnership, whose certifications and the certification of the cert | lorida Statutes, this Florida limited partnership or cate was filed with the Florida Department of State on orida document numberA1000000129, its certificate of limited partnership. |
| This amendment is submitted to amend the following: | |
| A. If amending name, <u>enter the new name of the l</u> <u>here</u> : | imited partnership or limited liability limited partnership |
| New name must be distinguish | nable and contain an acceptable suffix. |
| Acceptable Limited Partnership suffixes: Limited Partnersl Acceptable Limited Liability Limited Partnership suffixes: | |
| 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 new 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: | Fo E |
| New Registered Office Address: | Enter Florida street address |
| | City Zip Code w |

New Registered Agent's Signature, if changing Registered Agent:

| | | If Changing Registered Agent, Signature of New Registered | | | | |
|-------------------|-------------------------------|-----------------------------------------------------------|------------------|--|--|--|
| amending | g the general partner(s), ent | er the name and business address of | each general par | | | |
| or remov Title | ed from our records: Name | Address | Type of Action | | | |
| <u> </u> | Allen Heise | 2421 Tamiami Trail Port Charlotte, FL 33952 | Add Remove | | | |
| <u>G</u> | Maria Heise | 2421 Tamiami Trail Port Charlotte, FL 33952 | Add Remove | | | |
| | | | Add Remove | | | |
| | | | Add Remove | | | |
| | | | | | | |
| | | | Add Remove | | | |

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

This Limited Partnership hereby removes its "Limited Liability Limited Partnership" status.

| F. If amending any other info | rmation, ente | r change(s) | here: (Attach | additional sheets, | if necessary.) |
|--------------------------------------------------------------------------------------------------------------------------|-----------------------------------|---------------|-----------------|-----------------------|-------------------|
| The Managing General Partner | :: Charlotte l | darbor Re | gional Cent | er, LLC Doc# L | 10000022289 |
| filed an ammendment of name | change on (| October 1 | 9. 2010 - Le | tter # 410A000 | 24863. |
| This information should be upd | ated on the | Certifiacte | of Limited [| Partnership in | addition to have |
| the changes in Section D above | e. I have inc | cluded a c | opy of the d | ocumentation: | for reference. |
| Effective date, if other than the da (Effective date cannot be prior to nor mo State.) | te of filing: ore than 90 days | after the dat | e this document | is filed by the Flor | ida Department of |
| Signature(s) of a general partne | r or all genei | ral partne | <u>rs*:</u> | | |
| (*NOTE: Only one current general part removing a "limited liability limited part when adding or removing a "limited liab | nership" election | n statement. | Chapter 620, F. | S., requires all gene | |
| Il Hussen | MARIA-HELSY | e | | | |
| M 4/4e | ALLEN HE | Be | | | |
| | | | | | |
| Signature(s) of all new or dissoc | iating genera | al partner(| s), if any: | | |
| Mylass | JARIA HEIS | ₹ | - | | |
| Ca UHe | Alle He | rise | | | |
| | | | | | |
| Filing Fee: | \$52.50 \$52.50 | | | | |
| Certified Copy (optional): Certificate of Status (optional): | \$52.50 \$8.75 | | | | |