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SECRETARY OF STATE

J. SAULSBERRY EXAMINER

SEP 16 2011

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: DART CAAM L	IMITED PARTHERSHIP LTD	
Name of Florida Limited P	Partnership or Limited Liability Limited Partnership	
The enclosed Certificate of Amendment	and fee(s) are submitted for filing.	
Please return all correspondence concern	ning this matter to:	
DAVID ARTEACH		
Contact Person		
DACAMA LLC		
Firm/Company		
6300 N. WICKHA	med	ç.
Address	TA: 21	
SUITE 130-166	MELBOURNE FL 32940 HASSE	- 13 ×
City, State and Zip Code	AS P	Commission Commission
E-mail address: (to be used for future annua	ith.net SER 5	
E-mail address: (to be used for future annua	al report notification) Property of the prope	4 E E
	DR CO	1
For further information concerning this n	natter, please call:	
DAVID ARTEAGA	at (321) 427 - 8747	
Name of Contact Person	Area Code and Daytime Telephone Number	
Enclosed is a check for the following am	ount:	
\$52.50 Filing Fee and Certificate of Status	\$105:00 Filing Fee and Certified Copy Certified Copy, and Certificate of Status	
STREET ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building 2661 Executive Center Circle	P. O. Box 6327	
Tallahassee, FL 32301	Tallahassee, FL 32314	
A Company of the Comp	the sign of the second	

I NEED TO CHANGE THE GENERAL PARTNER OF THIS
LIMITED PARTNERSHIP FROM MYSELF INDIVIDUALLY (DAVID ARTEACA)
TO THE LLC (DACAMA LLC) OF WHICH IAM MANAG. MEMB.
I WAS IMABLE TO DO THIS ON THE WEBSITE, THANK YOW

Sut-

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

DART CAAM LIMITED PARTNERSHIA LTD

Insert name currently on file with Florida Department of State

Pursuant to the provisions of section 620.12 limited liability limited partnership, whose compared to the provisions of section 620.12 limited liability limited partnership, whose compared to the provisions of section 620.12 limited liability limited partnership, whose compared to the provisions of section 620.12 limited liability limited partnership, whose compared to the provisions of section 620.12 limited liability limited partnership, whose compared to the provisions of section 620.12 limited liability limited partnership, whose compared to the provisions of section 620.12 limited liability limited partnership, whose compared to the provisions of section 620.12 limited liability limited partnership, whose compared to the provisions of section 620.12 limited liability limited partnership, whose compared to the provision of section 620.12 limited liability limited partnership limited liability limited partnership limited liability limited liability limited partnership limited liability liability limited liability liability liability liability liability liability liability	certificate was filed wi	th the Florida Departmer	nt of State on
adopts the following certificate of amendme	ent to its certificate of l	imited partnership.	
This amendment is submitted to amend the follow	wing:		
A. If amending name, enter the new name of here:	f the limited partnershi	p or limited liability limit	<u>ed partnership</u>
New name must be disti	inguishable and contain an	acceptable suffix.	
Acceptable Limited Partnership suffixes: Limited Par Acceptable Limited Liability Limited Partnership suf	- rtnership, Limited, L.P., LI	P, or Ltd.	LLLP.
B. If amending mailing address and/or proprincipal office address here:	rincipal office addres	s, <u>enter new mailing ad</u>	dress and/or
New Principal Office Address	<u> </u>	+	· .
(Mast be STREET address)	-	A SE	- 2 -
/s		AHA	THE THE
New Mailing Address: (May be post office box)		SSE SE	<u> </u>
		TO.	<u>→</u> in
C. If amonding the project and another advantage		LORI RIAT	ထဲ့ 🚍
C. If amending the registered agent and/or r new registered agent and/or the new registered		s on our records, enter tr	te name of the
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flo	orida street address	
_		, Florida	
	City	Zip Gotte AH. AH.	
		TARY O ASSEE,	PIS F
	Page 1 of 3	F S	इति हिं

/		If Changing Registered Agent	, Signature of New Registered Agent
	the general partner(s) enter the red from our records:	name and business address	s of each general partner bei
<u> Fitle</u>	Name	Address	Type of Action
	LAVID ARTEACA	6300 N. WICKE SMITE 130-166 MELBOURNE FL 3	Remove)
	DACAMA LLC	G300 N. WICKHAM SNITE 130-166 MELBOURNE, FL 3	Remove
			Add Remove
			Add ACC ACC ACC ACC ACC ACC ACC
			And Fr F S Remove
			不 Remove

Effective date, if other than the date of filing:	
Effective date, if other than the date of fining. Effective date cannot be prior to nor more than 90 days after the date.)	late this document is filed by the Florida Department of
ignature(s) of a general partner or all general partn	ners*:
*NOTE: Only one current general partner is required to sign this emoving a "limited liability limited partnership" election statemen when adding or removing a "limited liability limited partnership" e	t. Chapter 620, F.S., requires all general partners to sign
OUTGOING GP DAVIS ALTERCA	9-9-2011
ignature(s) of all new or dissociating general partne	er(s), if any
VEW GP MANN SACAMA LLC	MANGENIG MEN
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	TALS:
	L'AH.
filing Fee: \$52.50	TARY ASSE
Certified Copy (optional): \$52.50 Certificate of Status (optional): \$8.75	FO A IT
	OR OR

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
NEW GP. DACAMALIC
NEW GP. DACAMA LIC

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SECRETARY OF STATE