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SECRETARY OF STATE
SECRETARY OF STATE

N. O. JUL 2 7 20101

TO: Registration Section Division of Corporations	*
SUBJECT: Name of Florida Limited Partne	rship 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:
Dana Nicol - Hill Contact Person	<u>.</u>
ODAGIAN I Inc.	
1400 Palm Bay Roc	ad, ste.C.
Palm Bay, FL 32 Rity, State and Zip Code	905
E-mail address: (to be used for future annual rep	hoo. Com ort notification)
For further information concerning this matte	er, please call:
Dara NICOI - HIII Name of Contact Person	at (<u>321</u>) <u>544 - 30 30</u> Area Code and Daytime Telephone Number
Enclosed is a check for the following amount \$61,25 Filing Fee 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 32314
Tallahassee, FL 32301	1 anana5500, 1 12 - 32317

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

FILED 10 JUL 26 AM 10: 34 SECRETARY OF STATE TALLAHASSEE, FLORIDA

91 one LLLP	TALLAHASSEE, FLORIDA				
9100e, LLLP Insert name currently on f	ile with Florida Department of State				
limited liability limited partnership, whose certif	Florida Statutes, this Florida limited partnership or icate was filed with the Florida Department of State on orida document number <u>A 1000000362</u> , its certificate of limited partnership.				
This amendment is submitted to amend the following:					
A. If amending name, enter the new-name of the here:	limited partnership or limited liability limited partnership				
New name must be distinguis	hable and contain an acceptable suffix.				
Acceptable Limited Partnership suffixes: Limited Partners Acceptable Limited Liability Limited Partnership suffixes:					
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)					
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:					
	adiab 1, Inc.				
New Registered Office Address:	Enter Florida street address May Rd., Ste. C. Enter Florida street address City, Florida 32905 Zip Code				
<u>Pal</u>	City, Florida 32905 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>	Name	<u>Address</u>	Type of Action				
<u>GP</u>	<u>Obadiah 1, I</u> n P 1-55339	r 1400 PalmBayRa Ste C PalmBay, FL 32	A. Add Remove				
		•	Add Remove				
P	Dana Nicol-Hill	1 1400 PalmBays Ste.C. PalmBay, FL 329	Add Remove				
***************************************			_ Add _ Remove				
	· .	,	_ 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 Pa	rtnership."				
☐ This Limited	Partnership hereby removes its	"Limited Liability Limited Par	tnership" status.				
(NOTE: If adding or	removing" limited liability limited pa	artnership" status, all general partne	ers must sign this amendment.)				

F. If amending any other information,			- 1

Effective date, if other than the date of filin	<u> </u>	<u> </u>	
(Effective date cannot be prior to nor more than 90 State.)		is document is filed l	by the Florida Department of
siuie.j			
<u>Signature(s) of a general partner or all g</u>	eneral partners*	:	
(*NOTE: Only one current general partner is requiremoving a "limited liability limited partnership" elewhen adding or removing a "limited liability limited	ection statement. Chi	apter 620, F.S., requi	ed partnership is adding or res all general partners to sig
Doralos - Hell		ę.	
			=v =
	-		J. Co.
<u>Signature(s) of all new or dissociating ge</u>	neral partner(s),	if any:	SEE A
			F-ST F-L
some succe - Hill	•		
		•	*
			
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DIII D			
Filing Fee: \$52.50 Certified Copy (optional): \$52.50	•		
Certificate of Status (optional): \$8.75			