| (Red | questor's Name) | |
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| Certified Copies | _ Certificates | of Status |
| Special Instructions to F | Filing Officer: | |
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SECRETARY OF STATE

C. LEWIS

Aug 15 2012

EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 30, 2012

ALAN F. GONZALEZ LL.M., ESQ. WALTERS LEVINE KLINGENSMITH & THOMISON 601 BAYSHORE BLVD SUITE 720 TAMPA, FL 33606

SUBJECT: ETNA HOLDING, LLLP Ref. Number: A11000000207

We have received your document for ETNA HOLDING, LLLP and check(s) totaling \$60.00 of which \$60.00 has been designated to file this document. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

- There is an additional amount of \$53.75 due. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.
- 2. We are enclosing the proper form(s) with instructions for your convenience.

If you have any further questions concerning your document, please call (850) 245-6051.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 212A00015534

COVER LETTER

| TO: Registration Section Division of Corporations | |
|--|---|
| | NA HOLDINGS LLLP |
| Name of Florida Limited I | Partnership or Limited Liability Limited Partnership |
| The enclosed Certificate of Amendment | and fee(s) are submitted for filing. |
| Please réturn all correspondence concern | ning this matter to: |
| Alan F. Gonzalez, LL.M. | , Esq. |
| | .1 |
| Walters, Levine, et a | H |
| • | |
| 601 Bayshore Blvd., Sul | te 720 |
| Address | |
| Tampa, FL 33606 | |
| City, State and Zip Code | |
| agonzalez@walterslevin | e.com |
| E-mail address: (to be used for future annu | al report notification) |
| | • |
| For further information concerning this r | natter, please call: |
| Alan F. Gonzalez, LL.M., Esq. | at (813) 254-7474 |
| Name of Contact Person | Area Code and Daytime Telephone Number |
| Enclosed is a check for the following am | ount: |
| \$52.50 Filing Fee S61.25 Filing Fee and Certificate of Status | s105.00 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 Taliahassee, FL 32314 |
| Tallahassee, FL 32301 | i alialiasses, FL 32314 |

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

FILED 12 AUG 14 PM 12: 47

SECRLIARY OF STATE JALLAHASSEE, FLORIDA

| E٦ | ΓNΑ | HO | LDIN | IGS L | LLP |
|----|-----|----|------|-------|-----|
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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 3/14/11, assigned Florida document number A11000000207, 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 linkere: | miled partners | hip or limited limbility limited partnership |
| New name must be distinguished | able and contain | an acceptable suffix. |
| Acceptable Limited Partnership suffixes: Limited Partnershi Acceptable Limited Liability Limited Partnership suffixes: L | | |
| B. If amending mailing address and/or principal office address here: | al office addi | ess, <u>enter new mailing address and/or</u> |
| New Principal Office Address: (Must be STREET address) | | |
| New Mailing Address: (May be past office box) | | |
| C. If amending the registered agent and/or registered new registered agent and/or the new registered office | | ess on our records, enter the name of the |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter 1 | Florida street address |
| | | Florida |
| | City | 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.

| Title | Name GIL DODD 2 | 2693 | Type of Action |
|--|---|---|--|
| | The Reimberg Trust | 2221 NE 164th Street Suite 308 Aventura, FL 33160 | Add Remove |
| <u> </u> | Buechhof Trust | 2221 NE 164th Street Suite 308 Aventura, FL 33160 | Add ✓ Remove |
| | | | Add Remove Add Remove Re |
| ······································ | | | Add FREE ST |
| | | | Add Part 5 |
| | | | Add Remove |
| | partnership or limited liabil nip" status, enter change here | lity limited partnership is ame | nding its "limited liability |

| Please list The Beuchhof Trust as a limited pa | irtner as opposed to a general partner. |
|--|---|
| • | · |
| | |
| | |
| | |
| Effective date, if other than the date of filing: | |
| Effective date cannot be prior to nor more than 90 days afte | r the date this document is filed by the Florida Department o |
| State.) | |
| | |
| <u> Signature(s) of a general partner or all general (</u> | partners*: |
| *NOTE: Only one current general partner is required to sig | on this document unless the limited partnership is adding or attement. Chapter 620, F.S., requires all general partners to sign |
| removing a "limited habinty limited partnership" election sta when adding or removing a "limited liability limited partners | ikip" election statement.) |
| 10 . 3 1 | an helelf of Mho Deimhort |
| Prosell W. Jan. | on behalf of The Reimbert |
| Russell W. Leaman | Trust |
| | · |
| | |
| | |
| Signature(s) of all new or dissociating general p | artner(s), if any: |
| 12 1 | |
| Russell W. In | on behalf of the Buechhof |
| Russell W. Leaman | Trust |
| | • |
| | , |
| | |
| | |
| Filing Fee: \$52.50 | |