# AIIDDCOODS2

(Requesto	r's Name)				
(Address)	<u></u>				
(Address)	-				
(City/State	/Zip/Phone #)				
PICK-UP	WAIT MAIL				
(Business	Entity Name)				
(Documen	t Number)				
Certified Copies	Certificates of Status				
Special Instructions to Filing 0	Officer:				
L. SELLERS					
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SECRETARY OF STATE TATLAHASSEE, FLORIDA

TILED

1 MAY 27 PM 3: 3

### **COVER LETTER**

TO: Registration Section								
Division of Corporations								
SUBJECT: Name of Florida Limited Parts	A Partnership 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:								
EUGEUE B DICHOLS  Contact Person  LICHOLS & PINA								
4945 ARAPAHOZ F	JUENUE							
SACKSONVILLE, FL	-32ZW							
City, State and Zip'Code	1							
evgenebnichds@yahoo.com								
Contact Person    Chos   Pinal								
For further information concerning this mat	ter, please call:							
Name of Contact Person								
Enclosed is a check for the following amount	at:							
and Certificate of	and Certified Copy Certified Copy, and							
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							

## CERTIFICATE OF AMENDMENT TO

## CERTIFICATE OF LIMITED PARTNERSHIP

VICHOS & PINA.	OF COF
Insert name currently o	n file with Florida Department of State
limited liability limited partnership, whose cer	Florida Statutes, this Florida limited partnership or tificate was filed with the Florida Department of State on Florida document number A 10000287, to its certificate of limited partnership.
This amendment is submitted to amend the following	ng:
MICHOLS PLANA LLLP	ne limited partnership or limited liability limited partnership
New name must be disting	uishable and contain an acceptable suffix.
Acceptable Limited Partnership suffixes: Limited Partne Acceptable Limited Liability Limited Partnership suffixe	ership, Limited, L.P., LP, or Ltd. es: Limited Liability Limited Partnership, L.L.L.P. or LLLP.
B. If amending mailing address and/or principal office address here:	ncipal office address, enter new mailing address and/or
New Principal Office Address: (Must be STREET address)	300 WEST ADAMS STREET SUITE 130 JACKSONVILLE, FL 32202
New Mailing Address: (May be post office box)	Same
C. If amending the registered agent and/or reg new registered agent and/or the new registered o	pistered office address on our records, enter the name of the office address here:
Name of New Registered Agent:	ime
New Registered Office Address:	WEST ADAMS STREET, SUITE 13  Enter Florida street address

#### 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)	, <u>enter tl</u>	e name	and	<u>business</u>	address	of e	each	general	partner	being
<u>ade</u>	led or removed from our records:										

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
	-	******	Add
<u> </u>			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 Partnership."

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

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

F. If amending any other infor							<u></u> ,
	<u> </u>						· · · · · · · · · · · · · · · · · · ·
Effective date, if other than the dat (Effective date cannot be prior to nor monstate.)	e of filing re than 90 d	3: lays after the da	te this document i	s filed by the	Florida i	Depart	ment of
Signature(s) of a general partner			······				
*NOTE: Only one current general partremoving a "limited liability limited partrewhen adding or removing a "limited liabi	ership" elec	ction statement.	Chapter 620, F.S				
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Simon (a) a C a H a a a a a a a a a a a a a a a a			(a) 25 and				
<u>Signature(s) of all new or dissoci</u>	aung gen	<u>erai partner</u>	<u>(\$), II any</u> :				
							<del></del>
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Filing Fee:	\$52.50						
Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$8.75				SEE	=	
	<del>-</del>				RET.	TAY	. 1