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(Re	equestor's Name).	
(Ad	dress)	
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PICK-UP	MAIT	MAIL
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(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	<u> </u>
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SECRETARY OF STATE
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COVER LETTER * *

TO:	Registration : Division of C			
SUBJ		Dmon's W	risdom LLLP	Limited Partnership
The er	nclosed Certifi	cate of Amendment a	nd fee(s) are submitted to	for filing.
Please	return all corr	espondence concerni	ng this matter to:	
<u> </u>	ahba w	Contact Person		
		Firm/Company		
<u> පි</u>	o Milgn	Address		
Dau R	ehame	City, State and Zip Code drwahba. be used for future annual	com	
For fu	rther informat	ion concerning this m	atter, please call:	
<u> W</u>	Name of Conta	· Wahba ct Person	_at (<u>386</u>) <u>05</u> Area Code and Dayt	58-7100 ime Telephone Number
Enclo	sed is a check	for the following amo	ount:	
\$52	50 Filing Fee	\$61.25 Filing Fee and Certificate of Status	\$105.00 Filing Fee and Certified Copy	\$113.75 Filing Fee, Certified Copy, and Certificate of Status
Regist Divisi Clifto	EET ADDRES tration Section ion of Corpora n Building Executive Cen	tions	MAILING A Registration S Division of C P. O. Box 63 Tallahassee,	Section Corporations 27

Tallahassee, FL 32301

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

Solomon's		LLLP	_
Insert name currently on fil	le with Florida Departme	ent of State	
Pursuant to the provisions of section 620.1202, Flimited liability limited partnership, whose certificate of amendment to	cate was filed with t rida document numb	he Florida Department of Sper <u>Allo</u> coo 310	State on
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the length here:	imited partnership or	r limited liability limited pa	rtnership
New name must be distinguish	nable and contain an acce	eptable suffix.	<u></u>
Acceptable Limited Partnership suffixes: Limited Partnersh Acceptable Limited Liability Limited Partnership suffixes:	Limited Liability Limited	l Partnership, L.L.L.P. or LLLP	
B. If amending mailing address and/or principal office address here:	pai omce address, <u>e</u>	enter new mailing addres	s and/or
New Principal Office Address: (Must be STREET address)		28 20 	
New Mailing Address: (May be post office box)		OCT I	Schools,
		EO A	Van.
C. If amending the registered agent and/or registered new registered agent and/or the new registered office		n our records, enter the na	me of the
Name of New Registered Agent:			
New Registered Office Address:	Enter Florid	a street address	
	O'A.	, 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.

If Changing Registered Agent, Signature of New Registered Agent

D.	If amending the general	partner(s),	enter 1	the name	and	business	address	of	each	general	partner	being
<u>ado</u>	ded or removed from our	records:										

<u>Title</u>	<u>Name</u>	Address	Type of Action
GP_	Wahba W. Wahba	2415 N. Halifay Daytona BEACH, FL 32118	Add Remove
			Add Remove
			Add Remove
			Add A Remore
			Add A 171 Remove 171
		-	

E. If the limited partnership or limited liability limited partnership is amending its "limited liability limited partnership" status, enter change here:

l	 This Limited Partnership hereby	elects to be a "Li	mited Liability I	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 information, ente	er change(s)	here: (Attach addi	itional sheets, if nec	cessary.)
				
Effective date, if other than the date of filing:				
(Effective date cannot be prior to nor more than 90 days State.)	s after the dat	e this document is fil	ed by the Florida De	epartment of
Signature(s) of a general poutrou on all general		. • .	•	
Signature(s) of a general partner or all gene				
(*NOTE: Only one current general partner is required to removing a "limited liability limited partnership" election	to sign this do on statement,	cument unless the line Chapter 620, F.S., re	mited partnership is	adding or artners to sign
when adding or removing a "limited liability limited par	rtnership" elec	ction statement.)	1	
ROLL				
RENA ROBBINS				
			E G	1 4 0
				i inneren
Signature(s) of all new or dissociating generation	al partner	(s), if any:	m <u>e</u>	
				ယ
Muunt				
WHARA W. WHARA			•	
				·
Filing Fee: \$52.50				
Certified Copy (optional): \$52.50				
Certificate of Status (optional): \$8.75				