A1200000077

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

Office Use Only

B. KOHR

MAR 2 8 1012

EXAMINER



300224159103

03/09/12--01012--010 **61.25

12 MAR 22 PM 12: 21

DIVISION OF CORPORATIONS
SECRETARY OF STATE



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 12, 2012

LINDA MANFRE MAGELLAN GROUP INVESTMENTS 11 S. SWINTON AVENUE DELRAY BEACH, FL 33444

SUBJECT: CLOUD INVESTMENTS LLLP

Ref. Number: A12000000077

We have received your document for CLOUD INVESTMENTS LLLP and your check(s) totaling \$61.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The AMENDMENT is asking us to remove 2 general partners.

The AMENDMENT will need to be filed by both of the withdrawing general partners -- ROBERT G. FESSLER and DECLAN TREACY. It will also need to be signed by someone signing on behalf of CLOUD HOLDING LLC -- the continuing general partner.

The amedment must have three signatures.

Below each signature, please be sure to type or print the name of the person signing, and to list the capacity in which that person is signing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

THE PROPERTY OF THE PROPERTY O

Buck Kohr Regulatory Specialist II

Million of Contract Con-

Letter Number: 212A00009097

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Clo	oud Investments LLLP
	Partnership or Limited Liability Limited Partnership
The enclosed Certificate of Amendmen	t and fee(s) are submitted for filing.
Please return all correspondence concer	rning this matter to:
Linda Manfre	·····
Contact Person	
Magellan Group Investi	ments
Firm/Company	
11 S Swinton Aven	ue
Address	
Delray Beach, FL 33	444
City, State and Zip Cod	
linda.manfre@magellang	roup net
E-mail address: (to be used for future annu	
For further information concerning this	matter, please call:
Linda Manfre	at (561) 266-0845
Name of Contact Person	Area Code and Daytime Telephone Number
Enclosed is a check for the following ar	mount:
\$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	P. O. Box 6327
2661 Executive Center Circle	Tallahassee, FL 32314
Tallahassee, FL 32301	

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

	vestments LL		i
Insert name currently on	file with Florida De	partment of State	12 HM 22
Pursuant to the provisions of section 620.1202, limited liability limited partnership, whose certi February 10, 2012, assigned Fadopts the following certificate of amendment to	ficate was filed v lorida document	with the Florida Departn number <u>A12000</u>	tnership or nent of State on
,		r minea parmersp.	
This amendment is submitted to amend the following	<u>;</u> ;		
A. If amending name, <u>enter the new name of the here</u> :	limited partners	<u>hip or limited liability lin</u>	nited partnership
New name must be distingui	ishable and contain a	an acceptable suffix.	A
Acceptable Limited Partnership suffixes: Limited Partner Acceptable Limited Liability Limited Partnership suffixes			or LLLP.
B. If amending mailing address and/or princ principal office address here:	cipal office addr	ess, enter new mailing	address and/or
New Principal Office Address:			
(Must be STREET address)			
New Mailing Address: (May be post office box)			
C. If amending the registered agent and/or regis new registered agent and/or the new registered off			r the name of the
Name of New Registered Agent:			·····
New Registered Office Address:	Eugen 1	Florida street address	
	Enter I		
	City	, Florida <i>Zip Co</i>	ode

New Registered Agent's Signature, if changing Registered Agent:

		If Changing Registered Agent,	Signature of New Registered		
If amending the general partner(s), enter the name and business address of each general partnered or removed from our records:					
<u> </u>	<u>Name</u>	<u>Address</u>	Type of Action		
	Fessle Robert G. Fosseri	11 S Swinton Avenue Delray Beach, FL 3344	Add ✓ Remove		
	Declan Treacy	11 S Swinton Avenue Delray Beach, FL 334	Add Remove		
			Add Remove		
			Add Remove		
			Add Remove		
			Add Remove		

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

-						
	<u> </u>					
Effective date, if o	ther than the date	of filing:				<u> </u>
Effective date, if 6 (Effective date cannot State.)	be prior to nor more	than 90 day	s after the dat	e this document is fi	led by the Florida Dep	artment of
Sittle.)						
Signature(s) of a p	general nartner (r all gene	ral nartne	re*•		
<i></i>	=-				imited partnership is ad	ding or
removing a "limited lis when adding or remov	ability limited partner	ship" election	on statement.	Chapter 620, F.S., r	equires all general part	ners to sign
when adding of femov	ing a milled hability	-	-			
1			Robert	Fessler	·	
129	3_	-	Declan	Treacy	_	
		- 1	Robert	Fessler or	behalf of	Cloud Hole
	>			****		L
						
Signature(s) of all	new or dissociat	ing gener	al partner	(s), if any:		
		 				
,						
				<u></u>		