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COVER LETTER

TO: Registration Section

Division of Corporations	
SUBJECT: AMERICORE I Name of Florida Limited	Acroship or Limited Liability Limited Partnership
The enclosed Certificate of Amendment	t and fee(s) are submitted for filing.
Please return all correspondence concer	rning this matter to:
MATCHEW K	nac
Contact Person A Merico re The Firm/Company	national Routly, LLCP.
1040 NW 3rd S	7
Hallardele, f1	33009
City, State and Zip Code	`
E-mail address: (to be used for future and	Mail . Com ual report notification)
For further information concerning this	matter, please call:
MACHEU KRAC Name of Contact Person	at (786) 478-5722 Area Code and Daytime Telephone Number
Enclosed is a check for the following ar	
\$52.50 Filing Fee S61.25 Filing Fee and Certificate of Status	\$105.00 Filing Fee \$113.75 Filing Fee, 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

ursuant to the provisions of section 6.5 mited liability limited partnership, where the following certificate of ame	hose certificate was filed with ssigned Florida document nu	n the Florida Department of St mber <u>A/300000</u> 3
his amendment is submitted to amend the If amending name, enter the new na ere:	_	or limited liability limited part
New name must b	be distinguishable and contain an a	cceptable suffix.
cceptable Limited Partnership suffixes: Limicceptable Limited Liability Limited Partners. If amending mailing address and principal office address here:	hip suffixes: Limited Liability Limi	ted Partnership, L.L.L.P. or LLLP.
cceptable Limited Partnership suffixes: Limicceptable Limited Liability Limited Partners. If amending mailing address and	hip suffixes: Limited Liability Limi	ted Partnership, L.L.L.P. or LLLP.
cceptable Limited Partnership suffixes: Limicceptable Limited Liability Limited Partners. 3. If amending mailing address and principal office address here: New Principal Office Ac	hip suffixes: Limited Liability Limi	s, enter new mailing address A Color of the
cceptable Limited Partnership suffixes: Limicceptable Limited Liability Limited Partners. B. If amending mailing address and principal office address here: New Principal Office Action (Must be STREET address) New Mailing Address:	hip suffixes: Limited Liability Limi I/or principal office address Iddress: Iddress:	s, enter new mailing address TALLAR STATE OF LLLP.
cceptable Limited Partnership suffixes: Limited partners. If amending mailing address and principal office address here: New Principal Office Ac (Must be STREET address) New Mailing Address: (May be post office box)	hip suffixes: Limited Liability Limi I/or principal office address Iddress: Iddress:	s, enter new mailing address TALLAR STATE OF LLLP.

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
	ADAM, Linn	1040 NW 3 dsm Hallande Boach, 4 33009	Add Add
			Add , Remove
			_ Add _ Remove
			Addition 23
			Add Remove 5
			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 Pa	artnership h	ereby elects	to be a "L	imited Liabil	ity 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.)

Effective data if other than the data of filings	
Effective date, if other than the date of filing: (Effective date cannot be prior to nor more than 90 days after the date this document is fil	ed by the Florida Department of
State.)	
Signature(s) of a general partner or all general partners*:	
(*NOTE: Only one current general partner is required to sign this document unless the lin	mited partnership is adding or
removing a "limited liability limited partnership" election statement. Chapter 620, F.S., rewhen adding or removing a "limited liability limited partnership" election statement.)	equires all general partners to sign
Mothan Rice	
	A** .
	E So
Signature(s) of all new or dissociating general partner(s), if any:	A
	mil a fr
Adam Linn	
	92
	DC ω
Filing Fee: \$52.50	
Filing Fee: \$52.50 Certified Copy (optional): \$52.50 Certificate of Status (optional): \$8.75	