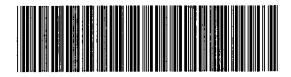
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Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	
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Office Use Only



600214136166

**600214136166** 01/09/12--01013--018 \*\*75.00

01/27/12--01003--006 \*\*27.50

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D. BRUCE

FEB 1 0 2012

**EXAMINER** 



January 30, 2012

KAREN DORSEY 1100 S. POWERLINE RD #220 DEERFIELD BEACH, FL 33442

SUBJECT: W. TENN.-APPLEYARD ASSOCIATES, LTD.

Ref. Number: A13324

We have received your document for W. TENN.-APPLEYARD ASSOCIATES, LTD. and your check(s) totaling \$102.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

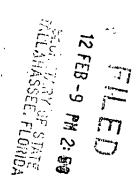
A general partner must sign the document.

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) 245-6984.

Deborah Bruce Regulatory Specialist II

Letter Number: 812A00003102





### FLORIDA DEPARTMENT OF STATE Division of Corporations

January 11, 2012

KAREN DORSEY WEST TENN APPLEYARD ASSOCIATES LTD 1100 S POWERLINE ROAD, #220 DEERFIELD BEACH, FL 33442

SUBJECT: W. TENN.-APPLEYARD ASSOCIATES, LTD.

Ref. Number: A13324

We have received your document for W. TENN.-APPLEYARD ASSOCIATES, LTD. and your check(s) totaling \$75.00. However, the enclosed document has a not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

The fee to file your document is \$52.50. An additional \$52.50 is due for each certified copy requested and an additional \$8.75 is due for each certificate of status requested.

There is a balance due of \$27.50.

The effective date must be specific and cannot be prior to the date of filing.

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) 245-6984.

Deborah Bruce Regulatory Specialist II

Letter Number: 412A00000778

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# **COVER LETTER**

Division of Corporations	
SUBJECT: West Tenn App Name of Florida Limited Part	leyard Assoc. Ltd.  nership or Limited Liability Limited Partnership
The enclosed Certificate of Amendment an	nd fee(s) are submitted for filing.
Please return all correspondence concernin	g this matter to:
Kare Dorsey Contact Person	•
West ien Appleyand Firm/Company	Assoc. Lota.
100 S. Powertine Rd	£220
Address	
Deerfield Beach Fr City, State and Zip Code	33442
E-mail address: (to be used for future annual r	ail.com
E-mail address: (to be used for future annual r	eport notification)
For further information concerning this ma	tter, please call:
Karen Dorsey Name of Contact Person	•
Name of Contact Person	at (305) 895-769= Area Code and Daytime Telephone Number
Enclosed is a check for the following amou	nt:
\$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 32301	Tallahassee, FL 32314

## CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

West Tenn Appleyard Associates Limited

misert name currently on	the will rional Department of State
limited liability limited partnership, whose cert	Florida Statutes, this Florida limited partnership or ificate was filed with the Florida Department of State on Florida document number A133241348, to its certificate of limited partnership.
This amendment is submitted to amend the following	, ,
	er a <del>men</del> - commence employee a graph of the commence of the
here:	e limited partnership or limited liability limited partnership
New name must be distingu	ishable and contain an acceptable suffix.
Acceptable Limited Partnership suffixes: Limited Partne Acceptable Limited Liability Limited Partnership suffixe	rship, Limited, L.P., LP, or Ltd. s: Limited Liability Limited Partnership, L.L.L.P. or LL <del>LB.</del>
B. If amending mailing address and/or prin principal office address here:	cipal office address, enter new mailing address and/or
New Principal Office Address: (Must be STREET address)	Noo S. Fowerline Rd #220 Deerfield Beach, FL 33442
New Mailing Address: (May be post office box)	Deerfield Beach FL 33442
C. If amending the registered agent and/or reginew registered agent and/or the new registered of	stered office address on our records, enter the name of the fice address here:
Name of New Registered Agent:	radiey Coldring
New Registered Office Address:	Enter Florida street address
	City Florida 33412 B T
J	Page 1 of 3

# 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.

D. If amending the general partner(s), enter the name and business address of each general partner being

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If Changing Registered Agent, Signature of New Registered Agent

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

This Limited Partnership hereby elects to be a "Limited Liability Limited Partnership."

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

ffective date, if other than the date of filing:  ffective date cannot be prior to nor more than 90 days after the cate.)	date this document is filed by the Florida Department of	•
gnature(s) of a general partner or all general partn	ners*:	
NOTE: Only one current general partner is required to sign this moving a "limited liability limited partnership" election statemen	document unless the limited partnership is adding or	
then adding or removing a "limited liability limited partnership" e	election statement.)	
( KMM) MM/ For		•
BRUD GUDSSON PROPERTY MANAZINET RICE		
- TARABELANG	•	
gnature(s) of all new or dissociating general nartne	or(s) if any	
gnature(s) of all new or dissociating general partne	er(s), if any:	12
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