A13761

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2013 JUL 29 AN II: 10

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Tri-City, Ltd.
Name of Florida Limited 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:
Carmel A. Ceraolo, General Partner Contact Person
Tri-City, Ltd. Firm/Company
617 Dawson Drive Address
Melbourne, FL 32940 City, State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Carmel A. Ceraolo, General Partner at (727) 431-2352 Name of Contact Person Area Code and Daytime Telephone Number
Enclosed is a check for the following amount:
\$52.50 Filing Fee and Certificate of Status \$105.00 Filing Fee and Certified Copy Certified Copy, and Certificate of Status
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

FILED

CERTIFICATE OF AMENDMENTI JUL 29 AM II: 10 TO CERTIFICATE OF LIMITED PARTNERSHIP ART OF STATE. OF

	Or
	Tri-City, LTD
Insert name currer	ntly on file with Florida Department of State
limited liability limited partnership, whose January 4th, 1983, assig	1202, Florida Statutes, this Florida limited partnership or e certificate was filed with the Florida Department of State on ned Florida document number A13761, nent to its certificate of limited partnership.
This amendment is submitted to amend the following	lowing:
A. If amending name, enter the new name here:	of the limited partnership or limited liability limited partnership
	N/A
New name must be di	stinguishable and contain an acceptable suffix.
Acceptable Limited Partnership suffixes: Limited Acceptable Limited Liability Limited Partnership s	Partnership, Limited, L.P., LP, or Ltd. suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.
B. If amending mailing address and/or principal office address here:	principal office address, enter new mailing address and/or
New Principal Office Address (Must be STREET address)	Tri-City, Ltd c/o Carmel A. Ceraolo, G.P. 617 Dawson Drive Melbourne, FL 32940
New Mailing Address: (May be post office box)	Tri-City, Ltd c/o Carmel A. Ceraolo, G.P. 617 Dawson Drive Melbourne, FL 32940
C. If amending the registered agent and/o new registered agent and/or the new register	r registered office address on our records, enter the name of the red office address here:
Name of New Registered Agent:	Carmel A. Ceraolo, General Partner
New Registered Office Address:	617 Dawson Drive Enter Florida street address
	Melbourne, FL , Florida 32940
	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 the name and business address of each general partner being added or removed from our records:

<u>Title</u>	<u>Name</u>		Address	Type of Action
				Add Remove
				Add Remove
		 		Add Remove
				Add Remove
				Add Remove
				AddRemove

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 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 info	ormation, en	iter change(s)	here: (Attach	additional she	ets, if nece	ssary.)
	· • • • • · · · · · · · · · · · · · · ·	<u> </u>				
		·				
				<u> </u>		<u> </u>
Effective date, if other than the da (Effective date cannot be prior to nor mo State.)	ate of filing: ore than 90 da	:ays after the da	te this document	is filed by the I	lorida Dep	artment of
Signature(s) of a general partne	er or all ger	neral partne	<u>rs*:</u>			
(*NOTE: Only one current general par removing a "limited liability limited par when adding or removing a "limited liab	tnership" elec	tion statement.	Chapter 620, F.	S., requires all	nership is ad general part	lding or ners to sig
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						. 29
	-				17 Q	孟(
Signature(s) of all new or disso	ciating gene	eral partner	(s), if any:		DAIDA	: 10
	 					
Filing Fee: Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$52.50 \$8.75					