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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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## **COVER LETTER**

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TO: Registration Section Division of Corporations
SUBJECT: Pl Calls, LLLP  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:
Kevin Conners Contact Person
Firm/Company
1001 Kings Avenue suite 200 Address
Jacksonville FL 32207  City, State and Zip Code
City, State and Zip Code  Christing. Cotes @ Vasturiages. Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Christina Cotes at (904) 594-0255  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 Status  \$113.75 Filing Fee, 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

## CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

KPI Calls LL Insert name currently on file	with Florida Department of State
Pursuant to the provisions of section 620.1202, Flouristed liability limited partnership, whose certificate of a section 620.1202, Flouristed liability limited partnership, whose certificate of a section 620.1202, Flouristed liability limited partnership, whose certificate of a section 620.1202, Flouristed liability limited partnership, whose certificate of a section 620.1202, Flouristed liability limited partnership, whose certificate of a section 620.1202, Flouristed liability limited partnership, whose certificate of a section 620.1202, Flouristed liability limited partnership, whose certificate of a section 620.1202, Flouristed liability limited partnership, whose certificate of a section 620.1202, Flouristed liability limited partnership, whose certificate of a section 620.1202, Flouristed liability limited partnership, whose certificate of a section 620.1202, Flouristed liability limited partnership, whose certificate of a section 620.1202, Flouristed liability limited partnership, whose certificate of a section 620.1202, Flouristed liability limited partnership, whose certificate of a section 620.1202, Flouristed liability limited partnership, whose certificate of a section 620.1202, Flouristed liability limited liability limited partnership, whose certificate flouristed liability limited liability liability limited liability liability liability liability limited liability liability lia	ate was filed with the Florida Department of State on ida document number 41500000290,
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the line	nited partnership or limited liability limited partnership
New name must be distinguisha	ble and contain an acceptable suffix.
Acceptable Limited Partnership suffixes: Limited Partnership Acceptable Limited Liability Limited Partnership suffixes: Li	
B. If amending mailing address and/or principal office address here:	al office address, enter new mailing address and/or
New Principal Office Address:	₹ <sub>0</sub> 22
(Must be STREET address)	LCKE JAN T
New Mailing Address: (May be post office box)	SAR 21 TO TO THE SAR T
C. If amending the registered agent and/or register new registered agent and/or the new registered office	red office address on our records, enter the name of the address here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, 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 Registere	d 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	Гуре of Action
GP	Michael Settle	2159 Thorn Hollow C St. Augustire, FL 3200	Add AZ W Kemove
			Add Remove
			Add Remove
		SECONIA SECONI	Add Ti
		Y OF SIA E	Add
		ית ית	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 Partnership hereby elects to be a "Limited Liability 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 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 filed by the Florida Department tate.)  ignature(s) of a general partner or all general partners*:  **NOTE: Only one current general partner is required to sign this document unless the limited partnership is adding or moving a "limited liability limited partnership" election statement. Chapter 620, F.S., requires all general partners to shen adding or removing a "limited liability limited partnership" election statement.)  ignature(s) of all new or dissociating general partner(s), if any:	ffective date cannot be prior to nor more than 90 days after the date this document is filed by to the.)  gnature(s) of a general partner or all general partners*:  NOTE: Only one current general partner is required to sign this document unless the limited proving a "limited liability limited partnership" election statement. Chapter 620, F.S., requires	partnersh	nip is adding	or or
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