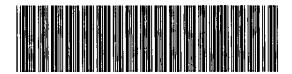
## A15000000 754

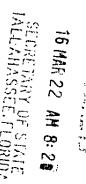
(Requestor's Name)					
(Address)					
(Ac	(Address)				
(Cit	ty/State/Zip/Phone	: #)			
PICK-UP	☐ WAIT	MAIL			
(Bu	isiness Entity Nam	ne)			
(Do	ocument Number)				
Certified Copies	_ Certificates	of Status			
Special Instructions to	Filing Officer:				
:					

Office Use Only



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MAR 23 2016 J SHIVERS

## **COVER LETTER**

Division of Corporations	•
SUBJECT:	PT Services, L.P.
Name of Florida Limited Pa	rtnership or Limited Liability Limited Partnership
The enclosed Certificate of Amendment a	and fee(s) are submitted for filing.
Please return all correspondence concerni	ng this matter to:
Angela Lack	·
Contact Person	
Angela J. Lack, P.L.L.	<u> </u>
Firm/Company	
P.O. Box 124	
Address	
Bath, PA 18014	
City, State and Zip Code	
lacka@law.stetson.ed	lu
E-mail address: (to be used for future annua	l report notification)
For further information concerning this m	natter, please call:
Angela Lack	at ( 727 ) 224-8950
Name of Contact Person	Area Code and Daytime Telephone Number
Enclosed is a check for the following amo	ount:
\$52.50 Filing Fee S61.25 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 P. O. Box 6327
Clifton Building 2661 Executive Center Circle	Tallahassee, FL 32314
Tallahassee FL 32301	1 anamassee, 1 L 52517

## CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

PT Se	rvices, L.P.	
Insert name currently on fil	e with Florida Department of	f State
Pursuant to the provisions of section 620.1202, Fl limited liability limited partnership, whose certific November 25, 2015, assigned Flo	cate was filed with the l	Florida Department of State on
adopts the following certificate of amendment to	its certificate of limited	partnership.
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited partnership or lin	nited liability limited partnership
New name must be distinguish	able and contain an acceptal	ole suffix.
Acceptable Limited Partnership suffixes: Limited Partnersh Acceptable Limited Liability Limited Partnership suffixes: I		
B. If amending mailing address and/or princip principal office address here:	oal office address, <u>ente</u>	er new mailing address and/or
New Principal Office Address: (Must be STREET address)		MAR 22 RETARK
New Mailing Address: (May be post office box)		TS ON P
C. If amending the registered agent and/or registerew registered agent and/or the new registered office  Name of New Registered Agent:  New Registered Office Address:		ir records, enter the name of the
	Enter Florida sti	
	City	, Florida 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	J A ~ ~ ~ 4
TI Unanging Registered Agent. Stanantre of New Registered	i A Peni

D.	If amending the general pa	artner(s),	enter t	<u>he name</u>	and	business	address	of ea	ach g	<u>general</u>	partner	being
<u>ade</u>	led or removed from our red	cords:				•					_	

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>GP</u>	5260 GP, LLC	3730 Peach Drive Danielsville, PA 18038	Add Remove
<u>GP</u>	PT Services GP, LLC	7001 Edgeworth Drive Orlando, FL 32819	Add Remove
			Remove  Add  Remove  8:22
			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.)

- · · · · · · · · · · · · · · · · · · ·	nge(s) here: (Attach additional sheets, if necessary.)
ffective date, if other than the date of filing:	
Effective date cannot be prior to nor more than 90 days after t tate.)	the date this document is filed by the Florida Department of
Sign of true (a) of a game well most on an all account	
Signature(s) of a general partner or all general pa	
*NOTE: Only one current general partner is required to sign emoving a "limited liability limited partnership" election state	
hen adding or removing a "limited liability limited partnershi	ip" election statement.)
Bun & Lach	ALL PARTY OF THE P
Bruce A. Lack, as managing member	16 LL 6
of PT Services GP, LLC	
	S2 22
	Te R In
	rtnor(s) if once
Signature(s) of all new or dissociating general par	rtner(s), if any:
B. 121	Burn I Land
Bruce A. Lack, as managing member	Brice A. Lack, as managing mont
of PT Services GP, LLC	of 5260 OR LLC
Filing Fee: \$52.50 Certified Copy (optional): \$52.50	
Certified Copy (optional): \$52.50 Certificate of Status (optional): \$8.75	