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DIVISION OF CORPORATIONS

09 JUL 14 PH 12: 23

T. HAMPTON

JUL 1 5 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations			
	vestments Company, Ltd.		
Name of Florida Limited F	Partnership or Limited Liability Limited Partnership		
The enclosed Certificate of Amendment	and fee(s) are submitted for filing.		
Please return all correspondence concern	ning this matter to:		
James D. Casto			
Contact Person			
Firm/Company			
1430 S. Federal Highway	v, #303		
Address			
Deerfield Beach, FL 33	3441		
City, State and Zip Code			
E-mail address: (to be used for future annu	al report notification)		
For further information concerning this i	matter, please call:		
James D. Casto	at (305)460-1228		
Name of Contact Person	Area Code and Daytime Telephone Number		
Enclosed is a check for the following an	nount:		
\$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 32301	Tallahassee, FL 32314		

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

	ents Company, Ltd.
Insert name currently on fi	le with Florida Department of State
limited liability limited partnership, whose certifi February 7, 1985, assigned Flo	
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 l	imited partnership or limited liability limited partnership
Casto Investme	nts Company, LLLP nable and contain an acceptable suffix.
Acceptable Limited Partnership suffixes: Limited Partnersh Acceptable Limited Liability Limited Partnership suffixes:	hip, Limited, L.P., LP, or Ltd.
B. If amending mailing address and/or principal office address here:	pal office address, <u>enter new mailing address and/or</u>
New Principal Office Address:	
(Must be STREET address)	
New Mailing Address: (May be post office box)	1430 S. Federal Highway, #303 Deerfield Beach, FL 33441
C. If amending the registered agent and/or registonew registered agent and/or the new registered office	ered office address on our records, enter the name of the ce address here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Plosta
	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.

<u>itle</u>	<u>Name</u>	<u>Address</u>	Type of Action
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	 		Add Remove
			Add Remove
	-		Add Remove
	 		Add Remove
·			Add Remove

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

F. If amending any other information,	enter change(s) here	: (Attach additional sheets, if necessary.)
		####
Effective date, if other than the date of filir (Effective date cannot be prior to nor more than 90 State.)	ng: days after the date this	document is filed by the Florida Department of
Signature(s) of a general partner or all g	general partners*:	
("NOTE: Only one current general partner is requiremoving a "limited liability limited partnership" el when adding or removing a "limited liability limited	lection statement. Chan	ter 620. P.S., requires all general partners to slot
James D. Cash	<u> </u>	
	<u> </u>	
Signature(s) of all new or dissociating ge	neral partner(s), if	any:
	· sibiliti-ii-ii-ii-	
Filing Fee: \$52.50 Certified Copy (optional): \$52.50 Certificate of Status (optional): \$8.75		