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## TRANSMITTAL LETTER

TO: Registration Section Division of Corporations
SUBJECT: FAV (Name of Limited Partnership)
DOCUMENT NUMBER: # AJ2344
The enclosed Certificate of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Rough Jom BMV
EAUD Linked Partnership
20 F. Mar St. Swe 300
Land Ster Scargety/State and Zip Code) 06702
For further information concerning this matter, please call:
Poral J. Jombard at (203 574-222 M (Name of Person) at (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$52.50 Filing Fee Certificate of Status  Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
STREET ADDRESS: MAILING ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

## CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF