

Tel/Co **A23970**

Requestor's Name

455 7th Flayer

Address

Homestead, FL 33030

City/State/Zip

Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☐ Walk in

☐ Pick up time _____

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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-10/17/97--01048--004
*****52.50 *****52.50

A23970

Name Availability	<i>SR 1600</i>
Document Examiner	<i>SR</i>
Updater	<i>SR</i>
Updater Verifier	<i>SR</i>
Acknowledgment	<i>SR</i>
W. P. Verifier	<i>SR</i>

Examiner's Initials

CERTIFICATE OF AMENDMENT OF LIMITED PARTNERSHIP

" In accordance with Section 620.109, Florida Statutes, I do hereby execute this Certificate of Amendment of Limited Partnership and do certify and swear to the following:

a. The name of the Limited Partnership is
TEL/CALL SYSTEMS, LTD.

b. The date of filing for the Certificate of
Limited Partnership was December 26, 1986.

c. The Amendment to the Certificate of Limited
Partnership is as follows:

GENERAL PARTNER

ADDRESS

JOHN G. SPISIAK

455 N. FLAGLER AVE
HOMESTEAD FL 33030

LIMITED PARTNER

BARBARA J. SPISIAK

455 N. FLAGLER AVE
HOMESTEAD, FL. 33030

PERCENTAGE OF
PROFITS & LOSSES:

JOHN G. SPISIAK

90%

BARBARA J. SPISIAK

10%

This Certificate of Amendment shall be effective
at the time of its filing with the Florida Dept of State

John G. Spisiak
JOHN G. SPISIAK
GENERAL PARTNER

Barbara J. Spisiak
BARBARA J. SPISIAK
LIMITED PARTNER

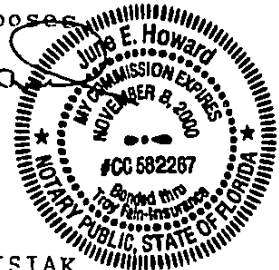
STATE OF FLORIDA
COUNTY OF DADE

BEFORE ME personally appeared JOHN G. SPISIAK
known to me to be the GENERAL PARTNER of TEL/CALLS
SYSTEMS, LTD. in the foregoing instrument and known to

FILED
JAN 17 1987
CLERK OF COURT
DADE COUNTY
FLORIDA

me to be the person who executed the same for the purposes therein expressed.

June E. Howard



STATE OF FLORIDA
COUNTY OF DADE

BEFORE ME personally appeared BARBARA J. SPISIAK known to me to be the person who executed the above document for the purposes therein expressed.

June E. Howard
NOTARY PUBLIC

State of Florida at Large



MY COMMISSION EXPIRES:

FILED
OCT 17 PM 2:31
CLERK OF DISTRICT COURT
DADE COUNTY, FLORIDA