A35113

(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)	(Requestor's Name)
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)	- (Address)
PICK-UP WAIT MAIL (Business Entity Name)	· (Address)
(Business Entity Name)	(City/State/Zip/Phone #)
a in the second of the second	PICK-UP WAIT MAIL
(Document Number)	· · · · · · · · · · · · · · · · · · ·
	(Document Number)
Certified Copies Certificates of Status	Certified Copies Certificates of Status

Special Instructions to Filing Officer:

L. SELLERS

APR 17 2009

EXAMINER

Office Use Only



400146430314

03/23/09--01022--023 **52.50

FILED

9 APR 16 AM 8: 21

SECRETARY OF STATE

COVER LETTER

÷

TO: Registration Section Division of Corporations							
SUBJI	ECT: <u>CJM I</u> (Na	MANAGEMENT L me of Florida Limited Part	.IMIT nership	ED PAR or Limited L	TNE iability	RSHIP Limited Partnership)	
The en	closed Certific	cate of Amendment an	d fee(s	s) are subm	itted f	for filing.	
Please	return all corr	espondence concernin	g this 1	matter to:			
LINDA	HERRO						
		(Contact Person)					
СЈМ М	ANAGEMENT I	IMITED PARTNERSHII	P				
		(Firm/Company)					
5004 5		1837					
5801 F	PHILIPS HIGHW	(Address)	·				
		(Address)					
JACKS	SONVILLE, FL 3	2216					
	((City, State and Zip Code)					
For fu	rther informati	on concerning this ma	tter, pl	lease call:			
LINDA	HERRO		at (904	739-	1551	
(Name of Contact Person)			ac (_		<i></i>	ytime Telephone Number)	
Enclos	sed is a check t	for the following amou	ınt:				
5 52.	.50 Filing Fee	☐\$61.25 Filing Fee and Certificate of Status		05.00 Filing Certified Cop		\$113.75 Filing Fee, Certified Copy, and Certificate of Status	
STRE	ET ADDRES	S:		MAILI	ING A	ADDRESS:	
Registration Section			Registration Section				
Division of Corporations			Division of Corporations				
Clifton Building				P. O. Box 6327			
2661 Executive Center Circle			Tallahassee, FL 32314				
Tallahassee, FL 32301							



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 25, 2009

LINDA HERRO 5801 PHILIPS HIGHWAY JACKSONVILLE, FL 32216

SUBJECT: CJM MANAGEMENT LIMITED PARNTERSHIP

Ref. Number: A25163

We have received your document for CJM MANAGEMENT LIMITED PARNTERSHIP and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the dissociating general partner unless the document states the general partner is deceased or a guardian or general conservator has been appointed or the general partner previously filed a Statement of Dissociation with the Florida Department of State.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Leslie Sellers Regulatory Specialist II

Letter Number: 309A00010108

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

CJM MANAGEMENT LIMITED PARTNERSHIP

(Insert name currently on file with Florida Department of State)

Pursuant to the provisions of section 620.1202, Flimited liability limited partnership, whose certif SEPTEMBER 10, 1987, assigned Floadopts the following certificate of amendment to	icate was filed wi orida document n	th the Florida Department of State on umber A25163
		p.
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the here:	limited partnershi	p or limited liability limited partnership
(New name must be distinguisl	hable and contain a	n acceptable suffix.)
Acceptable Limited Partnership suffixes: Limited Partners Acceptable Limited Liability Limited Partnership suffixes:		
B. If amending mailing address and/or principal office address here:	pal office addre	ss, enter new mailing address and/or
New Principal Office Address: (Must be STREET address)	Weet all the second	
New Mailing Address: (May be post office box)		
C. If amending the registered agent and/or registered agent and/or the new registered offi		ss on our records, enter the name of the
Name of New Registered Agent:		440000000000000000000000000000000000000
New Registered Office Address:	(Enter F	lorida 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 Registered 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>	Name	Address	Type of Action	
	<u>.</u>		5801 Philips Highway Jacksonville, FL 32216 Deceased 8/24/08	_ Add Remove	
				_ Add _ Remove	
		<u></u>		Add Remove	
				_	
	, , , , , , , , , , , , , , , , , , , 				
		artnership or limited liability o" status, enter change here:	limited partnership is amen	iding its "limited liability	
	This Limited	Partnership hereby elects to be	a "Limited Liability Limited Pa	artnership 🚉 👼 🕌	
	This Limited	Partnership hereby removes its	"Limited Liability Limited Par	T 1	
(NOT		removing" limited liability limited pa			

F. If amending any other information	on, enter cha	ange(s) here	: (Attach additior	nal sheets, if nece	ssary.)
		<u></u>			
				·	
Effective date, if other than the dat	te of filing:				
Effective date cannot be prior to nor mod State.)	re than 90 day	s after the da	te this document is	filed by the Floria	la Department o
iuic./					
Signature(s) of a general partner	or all gen	eral partne	<u>:rs*:</u>		
*NOTE: Only one current general partremoving a "limited liability limited partr	ner is required	to sign this d	ocument unless the	limited partnershi	p is adding or
when adding or removing a "limited liabi	lity limited pa	rtnership" ele	ction statement.)	, requires un gener	ai paraicis to si
Callle of					
(January)	V-16/			· · · · · · · · · · · · · · · · · · ·	
					·
V					
	·			· · · · · · · · · · · · · · · · · · ·	·····
Signature(s) of all new or dissoc	ating gene	ral partnei	<u>(s), if any</u> :		
			•••		
				<u>.</u>	
Filing Fee:	\$52.50 \$52.50				99 SEL
Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$8.75				AR 5