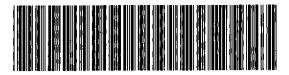
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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only

LP 52.50 Cert 52.50



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LISA BRADEN, P.A. 4623 FOREST HILL BLVD., SUITE 108-1 WEST PALM BEACH, FLORIDA 33415 E-Mail: lisa@lisabraden.com

Website: www.lisabraden.com

Telephone:

(561) 641-1888

January 5, 2012

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

Re: A

ALFRED B. AVERELL PARTNERS, LTD.

Certificate of Amendment to Certificate of

Limited Partnership of

ALFRED B. AVERELL PARTNERS, LTD.

Dear Sirs:

Please find enclosed an original and one copy of the Certificate of Amendment to Certificate of Limited Partnership of ALFRED B. AVERELL PARTNERS, LTD., along with a check in the amount of \$105.00 (filing fee and certified copy).

After you have filed this document, please return a certified copy to my office.

If you have any questions, please give my office a call.

Sincerely yours,

Lisa Braden

enclosures

SECRETARY OF STATE

COVER LETTER

TO:	Registration Division of C	Section Corporations			
SUBJ	ECT: ALFR	ED B. AVERELL	PARTNERS, LTD).	
			rtnership or Limited Liabilit		_
The en	nclosed Certif	icate of Amendment a	nd fee(s) are submitted	for filing.	
Please	return all cor	respondence concerni	ng this matter to:		
	·	Lisa Braden			
		Contact Person			
		Lisa Braden, P.A. Firm/Company			
	4000 5		400.4		
	4623 F	orest Hill Blvd. Suite	108-1		
		Audiess			
		alm Beach, Florida	33415		
	į	City, State and Zip Code			
		sa@lisabraden.com			
Е	-mail address: (to	be used for future annual	report notification)		
For fu	orther informati	tion concerning this m	atter, please call:		
	Lisa	Braden	at (561)	641-1888	
	Name of Cont	act Person		time Telephone Number	_
Enclo	sed is a check	for the following amo	ount:		
\$52	.50 Filing Fee	\$61.25 Filing Fee and Certificate of Status	\$105.00 Filing Fee and Certified Copy	\$113.75 Filing Fee, Certified Copy, and Certificate of Status	
STRE	EET ADDRES	SS:	MAILING	ADDRESS:	
	tration Section		Registration		7
	on of Corpora	tions	Division of (P. O. Box 6:	Corporations	711
	n Building Executive Cer	nter Circle	P. O. Box 6. Tallahassee,	400 (2)	JA.
2001	DACCULLITE CUI	Olloic	i ananasee,	√_√ (A)	

Tallahassee, FL 32301

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

ALFRED B. AVER	ELL PARTNERS, LTD.
Insert name currently on fil	le with Florida Department of State
March 8, 1999, assigned Flo	cate was filed with the Florida Department of State on rida document number
adopts the following certificate of amendment to	its certificate of limited partnership.
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the libere</u> :	imited partnership or limited liability limited partnership
New name must be distinguish	able and contain an acceptable suffix.
Acceptable Limited Partnership suffixes: Limited Partnersh Acceptable Limited Liability Limited Partnership suffixes: B. If amending mailing address and/or principal office address here:	Limited Liability Limited Partnership, L.L.L.P. or LLLP. pal office address, enter new mailing address and/or
New Principal Office Address:	20 20
(Must be STREET address)	SSS I
New Mailing Address: (May be post office box)	
	ered office address on our records, enter the name of the
Name of New Registered Agent:	
New Registered Office Address:	Euton Elouido etuas adduara

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 I	Registered Agent	. Signature	of New	Registered A	Agent

D.	If amending the general partner(s)	, <u>enter th</u>	e name	and	<u>business</u>	address	of eac	<u>ch general</u>	partner	being
ado	ied or remov <u>ed from our records</u> :									

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
<u>GP</u>	Evelyn E. Allen	1081 Grand Bahama Palm Beach Isles Riviera Beach, FL 33404	Add Remove
			Add Remove
			Add Nave OF COLUMN OF COLU
			Add 5
			Add Remove
			Add Remove
	partnership or limited liabilit ip" status, enter change here:	y limited partnership is amer	nding its "limited liability

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

This Limited Partnership hereby removes its "Limited Liability Limited Partnership" status.

This Limited Partnership hereby elects to be a "Limited Liability Limited Partnership."

	,
ffective date, if other than the date of filing:	
ffective date, if other than the date of filing:	by the Florida Department of
ignature(s) of a general partner or all general partners*:	
NOTE: Only one current general partner is required to sign this document unless the limit	ed partnership is adding or
emoving a "limited liability limited partnership" election statement. Chapter 620, F.S., requiren adding or removing a "limited liability limited partnership" election statement.)	ires all general partners to sign
On Our	
CHARLES ALLEH	
	7:4
	\$ 20
	20 2 JA SHORE
	SHORE ARE
Signature(s) of all new or dissociating general partner(s), if any:	2012 JAN 10 SHOKE TARY C
Signature(s) of all new or dissociating general partner(s), if any:	20/2 JAN 10 M
an lu	OF STA
ignature(s) of all new or dissociating general partner(s), if any: CHARLES ALLER	CT-
an lu	OF STA
CHARLES ALCEN	OF STA
Signature(s) of all new or dissociating general partner(s), if any: CHARLES ALLER Filing Fee: Certified Copy (optional): \$52.50	OF STA