

A 29129

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

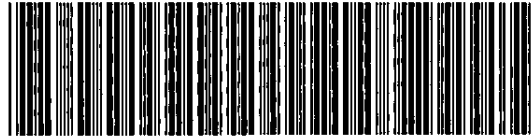
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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09/08/15--01030--008 \*\*300.00

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15 OCT 14 PM 2:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

OCT 15 2015  
J SHIVERS



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 9, 2015

NICOLE KOPYTKO  
3680 AVALON PARK E BLVD STE 300  
ORLANDO, FL 32828

SUBJECT: AVALON ASSOCIATES OF DELAWARE LIMITED PARTNERSHIP  
Ref. Number: A29129

We have received your document for AVALON ASSOCIATES OF DELAWARE LIMITED PARTNERSHIP and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$27.50.

We are enclosing the proper form(s) with instructions for your convenience.

Please return the corrected original and one copy of 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) 245-6051.

Justin M Shivers  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 315A00018997

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Avalon Associates of Delaware, LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Nicole Kopytko

\_\_\_\_\_  
Name of Person

Avalon Park Group

\_\_\_\_\_  
Firm/Company

3680 Avalon Park East Blvd., Ste. 300

\_\_\_\_\_  
Address

Orlando, FL 32828

\_\_\_\_\_  
City/State and Zip Code

nicolek@avalonparkgroup.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JJ Sofarelli

407 407-658-6565  
at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 Filing Fee

\$30.00 Filing Fee &  
Certificate of Status

\$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

\$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**CERTIFICATE OF AMENDMENT  
TO  
CERTIFICATE OF LIMITED PARTNERSHIP  
OF**

**AVALON ASSOCIATES OF DELAWARE LIMITED PARTNERSHIP**

Insert name currently on file with Florida Department of State

Pursuant to the provisions of section 620.1202, Florida Statutes, this Florida limited partnership or limited liability limited partnership, whose certificate was filed with the Florida Department of State on 11/15/1989, assigned Florida document number A29129, 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 limited partnership or limited liability limited partnership here:**

New name must be distinguishable and contain an acceptable suffix.

*Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.*

*Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.*

**B. If amending mailing address and/or principal office address, enter new mailing address and/or principal office address here:**

New Principal Office Address:  
(Must be *STREET* address)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

New Mailing Address:  
(May be post office box)

\_\_\_\_\_  
\_\_\_\_\_

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**C. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_  
*Enter Florida 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> | <u>Name</u>            | <u>Address</u>  | <u>Type of Action</u>  |
|--------------|------------------------|---|--|
| <u>V</u>     | <u>MARYBEL DEFILLO</u> | <u>3680 Avalon Park E. Blvd</u><br><u>Ste 300</u><br><u>Orlando, FL 32828</u> | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
| _____        | _____                  | _____   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
| _____        | _____                  | _____   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
| _____        | _____                  | _____   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
| _____        | _____                  | _____   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
| _____        | _____                  | _____   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |

**E. If the limited partnership or limited liability limited partnership is amending its "limited liability limited partnership" status, enter change here:**

- This Limited Partnership hereby elects to be a "Limited Liability Limited Partnership."
- This Limited Partnership hereby removes its "Limited Liability Limited Partnership" status.

**(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.)*

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Effective date, if other than the date of filing: \_\_\_\_\_  
*(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)*

**Signature(s) of a general partner or all general partners\*:**

(\*NOTE: Only one current general partner is required to sign this document unless the limited partnership is adding or removing a "limited liability limited partnership" election statement. Chapter 620, F.S., requires all general partners to sign when adding or removing a "limited liability limited partnership" election statement.)



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**Signature(s) of all new or dissociating general partner(s), if any:**

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TALLAHASSEE, FLORIDA

Filing Fee: \$52.50  
Certified Copy (optional): \$52.50  
Certificate of Status (optional): \$8.75