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SECRETARY OF STATE DIVISION OF CORPORATIONS

T. HAMPTON
DCT 8 1 2010

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Dunedin Mini Warehouse, LLLP			
Name of Florida Limited Partnership or Limited Liability Limited Partnership			
The enclosed Certificate of Amendment and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to:			
Stuart Perlman Contact Person			
· -			
Dunedin Mini Warehouse, LLLP			
Firm/Company			
401 5. Old Woodward, Ste 470			
Address			
Burningham MI 48009			
City, State and Zip Code			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Stuart Perlman at (248) 258-8820			
Name of Contact Person Area Code and Daytime Telephone Number			
Enclosed is a check for the following amount:			
\$52.50 Filing Fee and Certificate of Status \$105.00 Filing Fee \$113.75 Filing Fee, Certified Copy, and Certificate of Status			
STREET ADDRESS: MAILING ADDRESS:			
Registration Section Registration Section			
Division of Corporations Division of Corporations			
Clifton Building P. O. Box 6327			
2661 Executive Center Circle Tallahassee, FL 32314			
Follohousee EL 22201			

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

Dunedin Mini Insert name currently on fi	- Warehou le with Florida Depar	ao, LLLP tment of State		
Pursuant to the provisions of section 620.1202, F limited liability limited partnership, whose certifi 12/06/1989, assigned Floadopts the following certificate of amendment to	cate was filed wit rida document nu	h the Florida Departme mber <u>A 29 299</u>	ent of State on	1
This amendment is submitted to amend the following:		•		
A. If amending name, <u>enter the new name of the l</u> <u>here</u> :	<u>imited partnershir</u>	or limited liability lim	ited partnersh	<u>ip</u>
New name must be distinguish	nable and contain an a	cceptable suffix.		
Acceptable Limited Partnership suffixes: Limited Partnersh Acceptable Limited Liability Limited Partnership suffixes: .			or LLLP.	
B. If amending mailing address and/or principal office address here:	pal office addres	s, <u>enter new mailing a</u>	ddress and/o	<u>r</u>
New Principal Office Address: (Must be STREET address)				
New Mailing Address: (May be post office box)				
C. If amending the registered agent and/or registened agent and/or the new registered officency.		on our records, <u>enter</u>	the name of th	<u>1e</u>
Name of New Registered Agent:				. ,
New Registered Office Address:			SECRE	! ! -
	Enter Flo	rida street address , Florida	T 20	314
	City	Zip Cod	DRP ST	

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	
teneral Partner	Sidney L. Cohn	6589 Pleasant UKCt West Bloompield, MJ 48327	Add Remove	
·			Add Remove	DIVIG
			Add Remove	SION OF CO
			Add Remove	RY OF STATE CORPORATIONS
			Add Remove	SNS
			Add Remove	
E. If the limited p	partnership or limited liability	limited partnership is amendi	ing 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."

limited partnership" status, enter change here:

_ · · · · · · · · · · · · · · · · · · ·		(s) here: (Attach additional sheets, if	nocessary.y
		(

			<u> </u>
Effective date, if other than the de (Effective date cannot be prior to nor mo State.)	ate of filing: ore than 90 days after the d	date this document is filed by the Florida	Department of
Signature(s) of a general partne	r or all general parts	<u>1ers*:</u>	
(*NOTE: Only one current general part removing a "limited liability limited part when adding or removing a "limited liab	mership" election statemen	it. Chapter 620, F.S., requires all genera	is adding or l partners to sign
Stuart Ver	lmon		
,			
Si		(2) 15	<u> </u>
Signature(s) of all new or dissoc	iating general partne	er(s), it any:	
Sidney L. Cohn	(DECEASED))	
Filing Fee:	\$52.50		NSIGN O
Certified Copy (optional):	\$52.50		OT 20
Certificate of Status (optional):	\$8.75		Ö
			RP OR