P29835

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2014 FEB 26 PM 120 07

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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02/26/14-01013-0054 23. m

(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies _____ Certificates of Status ___ Special Instructions to Filing Officer: MAR - 3 2014 A. LUNT

COVER LETTER

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2014 FEB 26 PM 12 07 TO: Registration Section Division of Corporations SUBJECT: Arnola Ltd. 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: J. Vincent Boyle
Contact Person Morgan, Jacoby Thurn + Boyle Beach, R 32960 City, State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount: \$52.50 Filing Fee \$61.25 Filing Fee \$105.00 Filing Fee _\$113.75 Filing Fee, and Certificate of and Certified Copy Certified Copy, and

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Status

MAILING ADDRESS:

Certificate of Status

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

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CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP

2014 FEB 26 PN 12 07

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	Oi	- SECULL IARY OF STAT
Arnola Uta		TALL AHASSEE, FLORI
Insert name curr	ently on file with Florida Dep	partment of State
Pursuant to the provisions of section 620 limited liability limited partnership, who 63/20/1990, assi adopts the following certificate of amend	se certificate was filed w gned Florida document i	vith the Florida Department of State on number A 29835
This amendment is submitted to amend the fo	ollowing:	
A. If amending name, enter the new nam here:	e of the limited partnersh	tip or limited liability limited partnership
New name must be	distinguishable and contain a	n acceptable suffix.
Acceptable Limited Partnership suffixes: Limited Acceptable Limited Liability Limited Partnership		
B. If amending mailing address and/o principal office address here:	r principal office addr	ess, enter new mailing address and/or
New Principal Office Add (Must be STREET address)	ress: 700 20 Veno Bea	sth Street Ch, FC 32960
New Mailing Address: (May be post office box)	700 20t	b street ach, R 32960
C. If amending the registered agent and/ new registered agent and/or the new regist		ess on our records, <u>enter the name of the</u>
Name of New Registered Agent:	J. Vincent	Boyle
New Registered Office Address:	<u>100 00 </u>	Street Iorida street address
	Vero beach	, Florida <u>32960</u> Zip Code

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New Registered Agent's Signature, if changing Registered Agent:

2014 FEB 26 PM 12 07

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to to the 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>	Address	Type of Action
<u>6</u> P	Arnola Inc.	301 E. Las 0195 B100. Suite 800 P4.1 auderdale Pc 33301	Remove
GP	Bailey Invertments	Inc. 700 20th Arest vero beach F L 32960 P94-5653	Add Remove
Gl	MJD Venture, Inc.	100 20th street vero beach, R 32460	Add Remove
			Add Remove
	_		Add Remove
			Add Remove
	nited partnership or limited lial nership" status, enter change he	bility limited partnership is amend re:	ling its "limited liability
This L	imited Partnership hereby elects t	o be a "Limited Liability Limited Pa	rtnership."
This L	imited Partnership hereby remove	es its "Limited Liability Limited Part	nership" status.
(NOTE: If add	ding or removing" limited liability limit	ted partnership" status, all general partne	rs must sign this amendment.)

F. If amending any other info	ormation, enter	r change(s)	here: (Attach a	dditional sheets, if n	scessary.)
				2014 FEB 26	·
				in Rules .	M 1 07
				TALLAHASSEE.	FLORIDA
					-vany
					·
Effective date, if other than the da (Effective date cannot be prior to nor mo State.)		after the date	e this document is	filed by the Florida I	Department of
Signature(s) of a general partne	r or all gener	ral partner	<u>-s*:</u>		
(*NOTE: Only one current general part removing a "limited liability limited part when adding or removing a "limited liab	mership" electior	n statement.	Chapter 620, F.S.		
Stephen M. Beil	len				
	0				
Signature(s) of all new or dissoc	iating genera	d partner(s), if any		
organization of an inem of ansiect	nating genera	<u>ir partiici (</u>	<u> </u>		
	<u></u>				
	<u></u>	•			
	<u></u>			<u> </u>	<u> </u>
Filing Fee:	\$52.50				
Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$8.75				