# A 31577

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2009 OCT -2 PM 3: 4.9
SECRETARY OF STATE
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C. LEWIS

OCT - 5 2009

EXAMINER

#### **COVER LETTER**

TO: Registration Section Division of Corporations	
•	y Limited Partnership, LTD.
Name of Florida Limited Partn	ership or Limited Liability Limited Partnership
The enclosed Certificate of Amendment and	I fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to:
Richard Stein	<del></del>
Contact Person	
Firm/Company	
24 Prospect Road	
Address	
Westport, CT 06880	
City, State and Zip Code	
caarni@aol.com	
E-mail address: (to be used for future annual re	eport notification)
For further information concerning this mat	ter, please call:
Richard Stein	at ( 203 ) 227-6238
Name of Contact Person	Area Code and Daytime Telephone Number
Enclosed is a check for the following amou	nt:
\$52.50 Filing Fee and Certificate of Status	\$105.00 Filing Fee and Certified Copy Certified Copy, and Certificate of Status
STREET ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations P. O. Box 6327
Clifton Building 2661 Executive Center Circle	Tallahassee, FL 32314
Tallahassee El 32201	A periodicular of a set of man 1 1

### CERTIFICATE OF AMENDMENT

### FILED

## TO CERTIFICATE OF LIMITED PARTNERSHIP OCT -2 PM 3: 48 OF

The Stein Family Limited Partnership, LAPCAHASSEE, FLORIDA Insert name currently on file with Florida Department of State
 Insert name currently on file with Florida Department of State

Insert name curren	tly on fil	e with Florida Departmer	t of State	HASSEE, FLURIUM
Pursuant to the provisions of section 620.1 limited liability limited partnership, whose 5/22/1991, assignadopts the following certificate of amendments	certification	cate was filed with th rida document numbe	e Florida De er	epartment of State on A31577,
This amendment is submitted to amend the foll	owing:			
A. If amending name, <u>enter the new name</u> here:	of the li	mited partnership or	limited liabi	lity limited partnership
New name must be di	stinguish	able and contain an accep	table suffix.	
Acceptable Limited Partnership suffixes: Limited F Acceptable Limited Liability Limited Partnership s				.L.L.P. or LLLP.
B. If amending mailing address and/or principal office address here:	princij	oal office address, <u>er</u>	iter new m	ailing address and/or
New Principal Office Addre (Must be STREET address)	ss:	David Stein 1606 NW Pine La Stuart, FL 34994	ke Drive	
New Mailing Address: (May be post office box)		Richard Stein 24 Prospect Road Westport, CT 06		
C. If amending the registered agent and/or new registered agent and/or the new register			our records	, enter the name of the
Name of New Registered Agent:	David	Stein		
New Registered Office Address:	1606	NW Pine Lake Driv		
		Enter Florida	street addres	
		Stuart City	, Florida _	34994 Zip Code
		~ <i>,</i>		

FILED

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

2009 OCT -2 PM 3: 42

I hereby accept the appointment as registered agent and agree to act in this capacity. I fair the FORTE COMPLY OF STATE COMPLY WITH THE PROPERTY OF STATE 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.

Previously Signed

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>GP</u>	Jacob Stein	130 Cousley Drive Port Charlotte, FL 33952	_		
<u>GP</u>	Richard Stein	24 Prospect Road Westport, CT 06880	_		
<u>GP</u>	Karen Stein	24 Prospect Road Westport, CT 06880	Add Remove		
<u>GP</u>	David Stein	1606 NW Pine Lake Drive Stuart, FL 34994	_ ☑Add _ ☐Remove		
GP	Jane Stein	1606 NW Pine Lake Drive Stuart, FL 34994	_ ✓ Add _ Remove		
			Add Remove		
limited part	nership" status, enter change h	ability limited partnership is amendere:  to be a "Limited Liability Limited Pa			
— This I	imited Partnership hereby remov	ves its "Limited Liability Limited Par	tnership" status.		
	• •	·	-		
NOTE: If adding or removing" limited liability limited partnership" status, all general partners must sign this amendment.)					

Page 2 of 3

F. If amending any other info	rmation, e	enter change(	s) here: (Attach	h additional	sheets, if necessary.)
	<u> </u>				
		· · · · · · · · · · · · · · · · · · ·			
Effective date, if other than the date (Effective date cannot be prior to nor mo State.)	te of filing are than 90 d	g: days after the d	ate this documen	nt is filed by t	he Florida Department
Signature(s) of a general partne	r or all ge	eneral partn	ers*:		
(*NOTE: Only one current general parts removing a "limited liability limited parts when adding or removing a "limited liabi	nership" ele	ection statemen	t. Chapter 620, F	S., requires	
Robert E. Sein.	- Jener	al fautn	٩٧		
				<u>.</u>	
Signature(s) of all new or dissoci	iating ger	neral partne	r(s), if any:		
<del></del>					
			·····	<del> </del>	
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Filing Fee: Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$52.50 \$8.75				2009 OCT -2 SECRETAR SECRETAR