

A 31926

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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04/15/11--01038--022 **35.00

05/13/11--01001--015 **17.50

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 MAY 12 PM 3:21

N. Cullen MAY 12 2011

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DAKS APARTMENT COMPLEX LIMITED PARTNERSHIP
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:

ANGELO ASTUTO

Contact Person

Firm/Company

736 NINA DR

Address

TIERRA VERDE, FL 33715

City, State and Zip Code

ANGELOASTUTO@YAHOO.COM

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

For further information concerning this matter, please call:

ANGELO ASTUTO

Name of Contact Person

at (727) 458-3698

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:



\$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

STREET ADDRESS:

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

MAILING ADDRESS:

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 18, 2011

ANELO ASTUO
736 NINA DRIVE
TIERRA VIERDA, FL 33715

SUBJECT: OAKS APARTMENT COMPLEX LIMITED PARTNERSHIP
Ref. Number: A31926

We have received your document for OAKS APARTMENT COMPLEX LIMITED PARTNERSHIP and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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

Please note the additional filing fee.

Please return 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) 245-6067.

Neysa Culligan
Regulatory Specialist II

Letter Number: 411A00009287

17.50

CERTIFICATE OF AMENDMENT
TO
CERTIFICATE OF LIMITED PARTNERSHIP
OF

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 MAY 12 PM 3:21

OAKS APARTMENT COMPLEX 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 8/29/1991, assigned Florida document number A31926, 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)

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

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.

D. If amending the general partner(s), enter the name and business address of each general partner being added or removed from our records:

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

- (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.)

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.)

<u>Angelo Astuto</u>	<u>CONVENIENT OAKS, INC</u>
	<u>BY: Angelo Astuto</u>
_____	_____
_____	_____
_____	_____

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

<u>Angelo Astuto</u>	<u>CONVENIENT OAKS, INC</u>
	<u>BY: Angelo Astuto</u>
_____	_____
_____	_____
_____	_____

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 MAY 12 PM 5 21