

A31944

(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:

**L. SELLERS**

MAR 19 2010

**EXAMINER**

Office Use Only



800170421468

02/25/10--01016--019 \*\*52.50

10 MAR 18 PM 4:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

LAW OFFICES  
**DAVID M. PRESNICK, P.A.**

Reply To:

David M. Presnick

E-Mail: [dpresnick@Bellsouth.net](mailto:dpresnick@Bellsouth.net)

Of Counsel:

Bradly Roger Bettin, Sr., P.A.

Mariner Square  
96 Willard Street, Suite 202  
Cocoa, Florida 32922  
Telephone (321) 639-3764  
Fax (321) 639-3911  
~~~~~

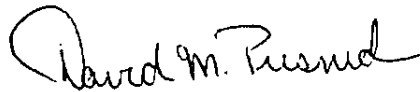
Department of State  
Division of Corporations  
Corporate Filings  
P.O. Box 6327  
Tallahassee, FL 32314

RE: Presnick Properties, LLLP

Ladies and Gentlemen:

Enclosed for filing with the Department of State's office is the original and one copy of an amendment to the Certificate of Limited Partnership for the above referenced LLLP. Also enclosed is our check in the amount of \$52.50 made payable to the Secretary of State's office to cover the cost of filing the amendment to the Certificate of Limited Partnership.

Sincerely,



David M. Presnick

DMP/blr  
Enclosure(s) as stated



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 3, 2010

OASIS TRAVEL, LLC  
13507 SW 28TH STREET  
MIAMI, FL 33175

SUBJECT: OASIS TRAVEL, LLC  
Ref. Number: L09000111860

We have received your document for OASIS TRAVEL, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check or money order** made payable to the Department of State for \$25.00.

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) 245-6967.

Leslie Sellers  
Regulatory Specialist II

Letter Number: 410A00005270



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 26, 2010

DAVID M. PRESNICK P.A.  
MARINER SQUARE  
96 WILLARD STREET, STE. 202  
COCOA, FL 32922

SUBJECT: PRESNICK PROPERTIES, LTD.  
Ref. Number: A31944

We have received your document for PRESNICK PROPERTIES, LTD. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the dissociating general partner unless the document states the general partner is deceased or a guardian or general conservator has been appointed or the general partner previously filed a Statement of Dissociation with the Florida Department of State.

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) 245-6967.

Leslie Sellers  
Regulatory Specialist II

Letter Number: 710A00004834

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

**PRESNICK PROPERTIES, LTD**

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 September 4, 1991, assigned Florida document number A31944, 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:**

**PRESNICK PROPERTIES, LLLP**

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

**FILED**  
10 MAR 18 PM 4:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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>                                                      |
|--------------|--------------------|-------------------------------------|----------------------------------------------------------------------------|
| GP           | Carole M. Presnick | 179 Martin Lane<br>Orange, CT 06477 | <input type="checkbox"/> Add<br><input checked="" 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            |
| _____        | _____              | _____                               | <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.)*

FILED  
10 MAR 18 PM 4:09  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

F. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

---

---

---

---

Effective date, if other than the date of filing: \_\_\_\_\_ Date with with Department of State  
*(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.)

David M. Pismick

---

---

---

---

---

---

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

Carole M. Pismick

---

---

---

---

---

---

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