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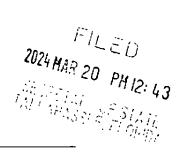
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## COVER LETTER

TO: Registration Division of (	Section Corporations			
SUBJECT: SWAN	LTD			
N N	ame of Florida Limited Pa	rtnership or Limi	ted Liabilit	y Limited Partnership
The enclosed Certif	icate of Amendment a	nd fee(s) are s	ubmitted	for filing.
Please return all cor	respondence concerni	ng this matter	to:	
Jerome W. Vogel, Jr., I	lsq.			
	Contact Person			
Jerome W. Vogel, Jr., I	P.A.			
	Firm/Company			
1526 NE 7 Street				
	Address	· · · · · · · · · · · · · · · · · · ·		
Fort Lauderdale, FL 33	304			
	City, State and Zip Code		<del></del>	
jwv@vogellawfl.com				
E-mail address: (to	be used for future annual	report notification	nn)	
For further informat	ion concerning this m	atter, please ca	all:	
Jerome W. Vogel, Jr., I	954 at (	703-	4426	
Name of Contact Person		Area Code and Daytime Telephone Number		
Enclosed is a check	for the following amo	unt:		
S52.50 Filing Fee	0 Filing Fee		-	☐\$113.75 Filing Fee. Certified Copy, and Certificate of Status
Mailing Address:		Str	eet A <u>ddr</u>	ess:
Registration Section	Registration Section			
Division of Corpora		Division of Corporations The Centre of Tallahassee		
			of Tallahassee onroe Street, Suite 810	
rananassee, rt. 523	14			FL 32303
		1 (41		, 0 = -, 0 -,

#### CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF



SWANTLTD

Insert name currently on file with Florida Department of State

Pursuant to the provisions of section 620.1202, F. limited liability limited partnership, whose certifi July 6, 1993, assigned Flo	cate was filed	with the Florida Department of State on
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 l here:	imited partner	ship or limited liability limited partnership
New name must be distinguish	nable and contain	an acceptable suffix.
Acceptable Limited Partnership suffixes: Limited Partnersh Acceptable Limited Liability Limited Partnership suffixes: (		
B. If amending mailing address and/or principal office address here:	pal office add	ress, enter new mailing address and/or
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 registered agent and/or the new registered office ad-		ss on our records, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter	Florida street address
		. Florida
<del>,</del>	City	Zip Code

### 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
GP	Jerome W Vogel	1526 NE 7 Street Fort Lauderdale, FL 33304	
GP	Swans Management, LLC	1526 NE 7 Street Fort Lauderdale, FL 33304	
			□ Add □ Remove
			_ □ Add □ □ Remove
			_ □ Add □ Remove

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

Ц	This Limited !	Partnership	hereby elects to I	be a "Limited Liabi	dity 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.)

F. If amending any other info	rmation, ento	er change(s)	here: (Attach	additional shee	its, if necessary.)
	· · · · · · · · · · · · · · · · · · ·				_
		·		· · · · · ·	<u>.</u>
			_		
Effective date, if other than the da (Effective date cannot be prior to nor mo State.)  Note: If the date inserted in this block do be listed as the document's effective date	re than 90 day. ses not meet the	e applicable st	tatutory filing re-		
Signature(s) of a general partne	r or all gene	eral partne	<u>rs*:</u>		
(*NOTE: Only one current general partiremoving a "limited liability limited partiremoving a "limited liability limited liability liability limited liability limited liability limited liability limited liability	nership" electic	on statement.	Chapter 620, F.	S., requires all g	
Susan L. Vogel	٤				
					~ <del>.</del>
					<del></del>
Signature(s) of all new or dissoc	iating gener	al partner	<u>(ș), if any</u> :		
				<del></del>	
	<del></del>				· · · · · · · · · · · · · · · · · · ·
Filing Fee:	\$52.50				
Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$8.75				