

A93000000957

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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15 APR 27 PM 2:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APR 29 2015  
T. HAMPTON

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SZUMLANSKI FAMILY 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:

GHADA SKAFF  
Contact Person

LIESER SKAFF ALEXANDER  
Firm/Company

511 W. BAY STREET, SUITE 350  
Address

TAMPA, FL 33606  
City, State and Zip Code

ghada@lieserskaff.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GHADA SKAFF at ( 813 ) 280-1256  
Name of Contact Person 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

CERTIFICATE OF AMENDMENT  
TO  
CERTIFICATE OF LIMITED PARTNERSHIP  
OF

SZUMLANSKI FAMILY 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 SEPTEMBER 21, 1993, assigned Florida document number A93000000957, 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:      407 SE 17TH PLACE  
*(Must be STREET address)*              CAPE CORAL, FL 33990

New Mailing Address:              407 SE 17TH PLACE  
*(May be post office box)*              CAPE CORAL, FL 33990

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:      BARRY SZUMLANSKI

New Registered Office Address:      407 SE 17TH PLACE  
*Enter Florida street address*

CAPE CORAL, Florida 33990  
*City*                                      *Zip Code*

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**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>  |
|--------------|--------------------------|---|--|
| <u>GP</u>    | <u>MICHEL SZUMLANSKI</u> | <u>13702 PINE VILLA LN<br/>FORT MYERS, FL 33912</u> | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
| <u>GP</u>    | <u>JULIE SZUMLANSKI</u>  | <u>407 SE 17TH PLACE<br/>CAPE CORAL, FL 33990</u>   | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
| <u> </u>     | <u> </u>                 | <u> </u>  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
| <u> </u>     | <u> </u>                 | <u> </u>  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
| <u> </u>     | <u> </u>                 | <u> </u>  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
| <u> </u>     | <u> </u>                 | <u> </u>  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |

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**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.)**

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


\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Effective date, if other than the date of filing:


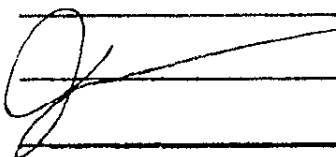
*(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)*

**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.)

 4/23/15  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

 4.23.15'  
\_\_\_\_\_  
\_\_\_\_\_  
 Apr 24 15'  
\_\_\_\_\_  
\_\_\_\_\_

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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