

A93000001023

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

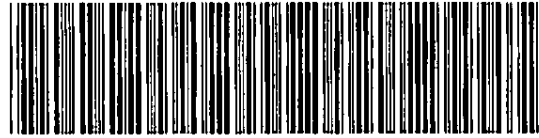
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Verified signature  
of a ~~present~~ from  
Amend filed 2/2/17  
np

Office Use Only



500312387315

04/27/18--01030--007 \*\*87.50

FILED  
2018 JUN -8 AM 10:57  
Special Instructions  
Division 108

N. CAUSSEAU

MAY 23 2018

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ABM MEDICAL, LTD.

\_\_\_\_\_  
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:

EDWARD J SERRA CPA

\_\_\_\_\_  
Contact Person

SERRA & COMPANY

\_\_\_\_\_  
Firm/Company

6118 W CORPORATE OAKS DR

\_\_\_\_\_  
Address

CRYSTAL RIVER, FL 34429

\_\_\_\_\_  
City, State and Zip Code

ED@SERRACPAFIRM.COM

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

For further information concerning this matter, please call:

\_\_\_\_\_  
Name of Contact Person

at ( 352 ) 794-3879  
\_\_\_\_\_  
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

May 23, 2018

EDWARD J. SERRA CPA  
SERRA & COMPANY  
6118 W. CORPORATE OAKS DRIVE  
CRYSTAL RIVER, FL 34429

SUBJECT: ABM MEDICAL, LTD.  
Ref. Number: A93000001023

We have received your document for ABM MEDICAL, LTD. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is no provision under 620 Florida Statutes to add "PARTNERS" or "OFFICERS," only "GENERAL PARTNERS" can be added.

To receive a refund, please submit a signed written request to the attention of the undersigned. Be sure to include the name of the person or entity the check should be made payable to and the address to which it should be mailed. You may mail the request to: Division of Corporations, P. O. Box 6327, Tallahassee, FL 32314 or fax it to my attention at 850-245-6030

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) 245-6051.

Nanette Causseaux  
Regulatory Specialist II Supervisor

Letter Number: 018A00010773

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

ABM MEDICAL, LTD.

Insert name currently on file with Florida Department of State

2018 JUN -8 AM 10:57  
RECEIVED  
FIDELITY & BOND  
CORPORATION

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 10/6/1993, assigned Florida document number A93000001023, 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*

**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>
GEN PTR	GULF 2 LAKE LLC	2659 E GULF TO LAKE HWY STE 306 INVERNESS, FL 34453	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

217-257222  
2018 JUN -8 AM 10:57  
SECTION 609.01  
DIVISION OF REVENUE

**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.)*

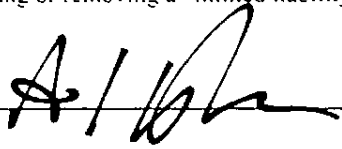
Effective date, if other than the date of filing: \_\_\_\_\_

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

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**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.)



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



FILED  
SECTION 601.02  
DIVISION OF CORPORATE  
2018 JUN -8 AM 10:57

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