Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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Fax Number : (850)617-6383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255 Phone : (305)634-3694 Fax Number : (305)633-9696

\*\*Enter the email address for this business entity to be used for future

Email:	Address:			
	MUUL GOO.			

annual report mailings. Enter only one email address please. \*\*

## LP/LLLP AMENDMENT/RESTATEMENT/CORRECTION NICHOLS ASSOCIATES, LTD.

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

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FILED CERTIFICATE OF AMENDMENT
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CERTIFICATE OF AMENDMENT
TO 10 FEB -2 AM 8: 42
RTIFICATE OF LIMITED PARTNERSHIP
OF SLUKE ARY OF STATE
OF  Nichols Associates, Ltd.  SECRETARY OF STATE  FALLAHASSEE, FLORIDA
ert name currently on file with Florida Department of State
section 620.1202. Florida Statutes, this Florida limited partnership or rship, whose certificate was filed with the Florida Department of State on assigned Florida document number A93000001416 e of amendment to its certificate of limited partnership.
mend the following:
e new name of the limited partnership or limited liability limited partnership
Nichols Associates, LLLP
me must be distinguishable and contain an acceptable suffix.
ixes: Limited Partnership, Limited, L.P., LP, or Ltd (Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.
ress and/or principal office address, <u>enter new mailing address and/or</u> i <u>ere</u> :
office Address:
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Nichols Associates, LLLP  me must be distinguishable and contain an acceptable suffix.  ixes: Limited Partnership, Limited, L.P., L.P. or Ltd (Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.  ress and/or principal office address, enter new mailing address arere:

Page 1 of 3

City

H10000023221

, Florida \_\_\_\_\_ Zip Code

Enter Florida street address

Name of New Registered Agent:

New Registered Office Address:

## New Registered Agent's Signature, if changing Registered Agent:

! 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 cemoved from our records;

<u> Title</u>	Nume	Address	Type of Action
*****			Add Remove
			Add Ramove
			Add Remove
			Add Remove
, ,	P		Add Remove
<del></del>			Add Remove
f the limited n	artnership or limited liphility	limital northership is amon	Afra its "limited II

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 tiability limited partnership" status, all general partners must sign this amendment.)

Page 2 of 3

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Effective date, if other than the date of filing:  (Effective date cannot be prior to nor more than 90 days after the date this docu.  State.)	ment is filed by the Florida Department of
A. 1000	<u>.</u> .
Signature(s) of a general partner or all general partners*:	
(*NOTE: Only one current general partner is required to sign this document un removing a "limited liability fimited partnership" election statement. Chapter 62 when adding or removing a "limited liability limited partnership" election statem	0, F.S., requires all general partners to sign
Silly & Michela	
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	TE
Signature(s) of all new or dissociating general partner(s). If any	· A - 2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
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	<b>高品  7</b>
	<u>P</u>
Filing Fee: \$52.50	

Page 3 of 3

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