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SECRETARY OF STATE
AND ANASSEE, FLORID.

T. CLINE

MAY 15 2008

**EXAMINER** 

K94-60

### **COVER LETTER**

	egistration (	Section Corporations					
	Tr: The Ko	osier Family Partner me of Florida Limited Par		d Liabilit	y Limited Partr	nership)	
The encl	osed Certific	cate of Amendment a	nd fee(s) are su	bmitted	for filing.		
Please re	turn all corr	espondence concernir	ng this matter to	):			
Loriene	Kosier, Tru	ustee, Kosier Bypas (Contact Person)	s Trust, Gene	<u>ral</u> Parl	tner		
		(Firm/Company)					
3644 Do	uglas Fern	y Road					
		(Address)					
Bonifay,	FL 32425					ZOOB MAY 14 SECRETAR TALLAHASS	th et i
		City, State and Zip Code)				구유 글	
						55	700
For furth	er informati	on concerning this ma	atter, please cal	I:		RY OF STA	17.
	Kosier, Tru		_at ( <u>850</u>	/	7-9899	Eron (10:	Ę
(1	Name of Conta	ect Person)	(Area Co	de and Da	aytime Telepho	one Number)	) <b>L</b>
Enclosed	is a check f	or the following amou	unt:			7	,
\$52.50	Filing Fee	\$61.25 Filing Fee and Certificate of Status	\$105.00 Fili and Certified C		\$113.75 F Certified Co Certificate of	py, and	
STDEET	LADDDES	ç.	MAI	I INC /	ADDDFSS.		
STREET ADDRESS: Registration Section		MAILING ADDRESS: Registration Section					
Division of Corporations		•	Division of Corporations				
<u> </u>			P. O. Box 6327				
Clifton Building 2661 Executive Center Circle		Tallahassee, FL 32314					
	see, FL 323		1 alla	iiuosee,	1111111		

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

A. If amending name, enter the new name of the limited partnership or limited liability limited partner 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.  B. If amending the registered agent and/or registered office address on our records, enter the name of new registered agent and/or the new registered office address here:	The Kosier Family Partnership, Ltd.				
limited liability limited partnership, whose certificate was filed with the Florida Department of State January 3, 1994, 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 partner here:  (New name must be distinguishable and contain an acceptable suffix.)  Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., L.P., or Ltd.  Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. of LLL.P. of	(Insert name currently on file	e with Florida Depar	rtment of State)		
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. of LLL.P.  B. If amending the registered agent and/or registered office address on our records, enter the name of new registered agent and/or the new registered office address here:	ited liability limited partnership, whose certific nuary 3, 1994, adopts the fo	cate was filed wit	th the Florida Dep	partment of St	ate on
(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. of LLL.P.  B. If amending the registered agent and/or registered office address on our records, enter the name of new registered agent and/or the new registered office address here:	s amendment is submitted to amend the following:				
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. of LLL.P.  B. If amending the registered agent and/or registered office address on our records, enter the name of new registered agent and/or the new registered office address here:		mited partnership	p o <u>r limited liabili</u>	ty limited part	<u>nership</u>
B. If amending the registered agent and/or registered office address on our records, enter the name of new registered agent and/or the new registered office address here:  Name of New Registered Agent:	(New name must be distinguisha	able and contain an	acceptable suffix.)		
Name of New Registered Agent:				L.L.P. FELLP.	S Series
Name of New Registered Agent:	If amending the registered agent and/or register registered agent and/or the new registered office	red office address e address here:	s on our records,	enter the name STAT	<u> </u>
	Name of New Registered Agent:			<u>_</u>	9
New Registered Office Address: (Enter Florida street address)	New Registered Office Address:	(Enter I	Florida street addre	ess)	
, Florida			. Florida		
(City) (Zip Code)		(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)

## C. 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>	Type of Action
	Merrill Kosier, Trustee	Kosier Family Trust, GP 3644 Douglas Ferry Rd. Bonifay, FL 32425	Add Remove
	Loriene Kosier, Trustee	Kosier Family Trust, GP 3644 Douglas Ferry Rd. Bonifay, FL 32425	Add Remove
	Loriene Kosier,Trustee	Kosier Bypass Trust, GP 3644 Douglas Ferry Rd. Bonifay, FL 32425	
			Add Remove SECRECRE Remove
			Removel AY
			Add FSTATE  Add Remove STATE  Remove STATE
	partnership or limited liabilit p" status, enter change here:	y limited partnership is amer	nding its "limited liability
☐ This Limited P	artnership hereby elects to be a	"Limited Liability Limited Par	tnership."
☐ This Limited P.	artnership hereby removes its "	Limited Liability Limited Parti	nership" status.
(NOTE: If adding or	removing" limited liability limited po	artnership" status, all general partn	ers must sign this amendment.)
E. If amending any	other information, enter change	e(s) here: (Attach additional she	ets, if necessary.)
	<u> </u>	<u> </u>	
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			·····

Effective date, if other than the date of filing: Date of Fil (Effective date cannot be prior to nor more than 90 days after the date.)	ing te this document is filed by the Florida Department of
Signature(s) of a general partner or all general partne  (*NOTE: Only one current general partner is required to sign this do removing a "limited liability limited partnership" election statement. when adding or removing a "limited liability limited partnership" election statement.	ocument unless the limited partnership is adding or Chapter 620, F.S., requires all general partners to sign
Signature(s) of all new or dissociating general partner	(s), if any:  SECRETARY OF STATE TALLAHASSEE. FLORIDA

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