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K. SALY EXAMINER JUN 6 2012

COVER LETTER

Division of Corporations	
SUBJECT: SAW, LTO.	
Name of Florida Limited Part	nership or Limited Liability Limited Partnership
The enclosed Certificate of Amendment an	d fee(s) are submitted for filing.
Please return all correspondence concernin	g this matter to:
ALAN S. WEINSTEIN Contact Person	
SAW, LTD. Firm/Company	
Firm/Company	
COWEINSTEIN, P.O. BO	× 940385
MAITLAND, FL 327 City, State and Zip Code	94-0385
E-mail address: (to be used for future annual r	report notification)
For further information concerning this ma	itter, please call:
ALAN S. WEINSTEIN	at (407) 467-8385
Name of Contact Person	Area Code and Daytime Telephone Number
Enclosed is a check for the following amou	int:
\$52.50 Filing Fee \$61.25 Filing Fee and Certificate of Status	\$105.00 Filing Fee and Certified Copy Certified Copy, and Certificate of Status
STREET ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P. O. Box 6327
2661 Executive Center Circle	Tallahassee, FL 32314
Tallahassee, FL 32301	

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

FILED'	
12 MAY 31	PM 1:59
SECRETARY I	OF STATE F. FLORDA

SA W, LTC	، ۵	22 CT 644
Insert name currently on f	ile with Florida Department of State	
Pursuant to the provisions of section 620.1202, I limited liability limited partnership, whose certif, assigned Fladopts the following certificate of amendment to	icate was filed with the Florida Deportion or its filed with the Florida Dep	artment of State on
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the here:	limited partnership or limited liabilit	y limited partnership
New name must be distinguis	shable and contain an acceptable suffix.	
Acceptable Limited Partnership suffixes: Limited Partners Acceptable Limited Liability Limited Partnership suffixes:		L.P. or LLLP.
B. If amending mailing address and/or princ principal office address here:	ipal office address, <u>enter new mail</u>	ing 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 regis new registered agent and/or the new registered offi		enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
	City Zi,	p 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 A	Agent,	Signatur	e of N	lew Re	gistered.	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>	Type of Action
GP	SHEMAH, INC.	1860 VIA GENOA WINTER PARK	Add Remove
			Add Remove
			Add Remove
			Add Remove
	·		Add Remove
			Add Remove
	partnership or limited liability	limited partnership is amen	- nding its "limited

E. If liability

	This Limited Partnership hereby elects to be a "Limited Liability Limited Partnership."
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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 State.)	after the date this document is filed by the Florida Department of
Signature(s) of a general partner or all gener	al partners*:
	o sign this document unless the limited partnership is adding or n statement. Chapter 620, F.S., requires all general partners to sign nership" election statement.)
Olan S. Weinsten, President Stelling	yelvoit
Signature(s) of all new or dissociating genera	l partner(s), if any:
lan S. Weinstein President Shench Inc	
-	
Filing Fee: \$52.50 Certified Copy (optional): \$52.50 Certificate of Status (optional): \$8.75	