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(Requestor's Name)					
(Addres	ss)				
(Addres	ss)				
(City/St	ate/Zip/Phone	e #)			
PICK-UP	WAIT	MAIL			
(Business Entity Name)					
(Docum	nent Number)				
Certified Copies	Certificates	of Status			
Special Instructions to Filing Officer:					





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10/05/11--01022--007 **52.50





B. BOSTICK

OCT 6 2011

EXAMINER

COVER LETTER

TO:	Registration Division of	Section Corporations						
SUBJI	ect. H	Meritage Invest	tments, Ltd	•				
SOLO	ECI:	Name of Limited Partn	ership or Limited Li	ability Li	mited Partnership			
The en	closed State	ment of Correction an	d fee(s) are subm	itted for	r filing.			
Please	return all co	rrespondence concern	ing this matter to	•				
	David A	llison						
		Contact Person		_				
	Heritag	e Investment,	Ltd.					
		Firm/Company		_		Ξ_{σ}		
	6473 Ba	ker Rd.				FE	10	
		Address				===	0CT	9
	Keyston	e Heights, FL	32656			₩ ₩	ا ا <i>ن</i>	ć //# 3
		City, State and Zip Code		_				جي ڏڏون
	Tallidavi	dallison@yahoc	o.com			r ();		1
E-	mail address: (1	to be used for future annua	l report notification)	_		25	CT.	
For fur	rther informa	tion concerning this n	natter, please call	:		D.L.	Φ.	
1	David Al	lison			91-8109			
	Name of Con	tact Person	Area Cod	and Day	time Telephone N	lumber		
Enclos	sed is a check	for the following am	ount:					
× \$ 52.5	0 Filing Fee	\$61.25 Filing Fee and Certificate of Status	\$105.00 Filir and Certified C		\$113.75 Filin Certified Copy, Certificate of St	and		
Registr Division	ET ADDRE ration Section on of Corpora Building	п	Regis Divis	tration	Corporations			
	ivecutive Ce	nter Circle			FI. 32314			

Tallahassee, FL 32301

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP

Heritage Invest	tments,	Ltd.	A	94	00000	01/1	<i>Q</i> 9
Insert name currently or	n file with Fl	orida Departme	nt of State			•	
Pursuant to the provisions of section 62 or limited liability limited partnership s							
FIRST: The reason for filing this certion. The record contained false or errone. The record was defectively signed.					LLAHASSEE, F	11 OCT -5 AH	O II
SECOND: This statement corrects		icate of			07	 	- 1
filed with the Florida Department of State on_	fil	document type ed on 2/ date document	<u>24/2011</u>		夏雨 ate		
			1 7	ī			
THIRD: The false or erroneous information David Allison, general part	nation or d ener, s	lefect is as fo	•	•	te of 1	Amendi	ment
wh <mark>en his name and Alysa Ca</mark>							isted
as general partners in Sect Allison were listed as "LP"	ion D	and Ric mited pa	hard Al rtners	liso (see	and and attach	Sandy ned).	
Richard Allison's and Sandy to "GP"after David Allison	/ Allis signed	on's des the Cer	ignatio tificat	ns ar e. ar	d this	were	changed done
without David Allison's con then filed with the Departm							lison's
FOURTH: The false or erroneous info David Allison and Alysa Car						gal	
partners listed in the reco	ords						
						-	
						-	
			 -			-	

Cr Tr		
	007	क्ष्मसम्बद्धः १ व
	2	Laranen C. S
		" ""]-"2
		Same of the same o
77	**	

	a limited liability limited partnership statement, and partner(s), the new general partner(s) must sign	
Month -		
Signature(s) of new general partner(s),	if any:	

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

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

	Himitage Trivesti		上丁1) .	[
-	lister name currently on file	with Florida Departs	nent of State	59-3	281125
	; [i ?
	to the provisions of section 620.1202, Flo				
	ability limited partnership, whose certific 2/20/94, assigned Flor	aic was men with ida document nun			
adopts the	following certificate of amendment to it				1
l'his an ne n	inent is submitted to amend the following:				
A. If ame bere:	nding name, enter the new name of the li	nited partnership	or limited li	ability limit	d partnership
	!	•			
	New name must be distinguisha	ble and contain an ac	ocptable suffi	x.	
Acceptable Acceptable	Limited Partnership suffixes: Limited Partnershi Limited Liability Limited Partnership suffixes: L	p, Limited, L.P., LP, imited Liability Limit	or Lid. Jed Parinershi	p, L.L.P. or	WP.
B. If amo	nding mailing address and/or princip pal office address here:	al office address	enter new	mailing ad	dress and/or
	New Principal Office Address:				
	(Must be STREET address)				
:					
	New Mailing Address: (May be post office box)				
<u>'</u>	(sady on post office box)				
				14	
C. If sme	ading the registered agent and/or register	red office address	on our reco	rds, <u>enter f</u>	he name of the
iew regiso	ered agent and/or the new registered office	address here:			
Nom	c of New Registered Agent:			ĺ	
į				<u> </u>	
New	Registered Office Address:	Freton Elev	ida street ad	<u> </u>	
:	-	lakei Pief	ાતા આ જના લઉ	ui ess	•
. !		City	, Florid	da Zip Code	wa
:					

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 obtigations of my position as registered agent.

If Changing Registered Agent, Signature of New Registered Agent

Type of Action

D. If amending the general partner(s), enter the name and business address of each general partner being added or removed from our records:

- •	Title	Name	<u>Address</u>	Type of Action
•	GP_	David Allison	2510 Chooled Granidale Lings, 1	Add Remove
	69	Alyse Carmidad	2510 (noticed Creek nordlebugg, FL	∠ Add □ Remove
•	LP	Michael Allisan	2510 harled Green michalled green	Add Remove
. •	LP	Sandy Allison	2510 Chooled (nee modelang, FL 32008	L Add Remove
-				Add Remove
				Add Remove
		artnership or limited liability p" status, enter change here:	limited partnership is amen	ding its "limited Hability
	This Limited	Partnership hereby elects to be	a "Limited Liability Limited Pa	ertnerskip."
	This Limited	Partnership hereby removes its	"Limited Liability Limited Par	rtuership" status.
NOTE	if adding or i	removing" limited Hability limited pa	rtnership" status, all general partn	ers must sign this amendment.)

F. If amending any other laforn	nation, enter change(s) l	h ere: (Attach additional she	ets, if necessary.)
			.
			A Land Control of the
MOC. At I A Mark. Al I A.	560 2//		
Effective date, if other than the date (Effective date cannot be prior to nor more State.)	of ning: than 90 days after the date	chis document is filed by the	Florida Department of
Signature(s) of a general partner	or all general partner		و این موری مدر است.
(*NOTE: Only one current general partner removing a "limited liability limited partner when adding or removing a "limited liability."	rship" election statement.	Chapter 620, F.S., requires all	inership is adding or general partners to sig
MANA A			
	·		
			11
Signature(s) of all new or dissocia	ting general partner(s), if anv:	7 h
			1
		•	
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Filing Fee:	\$52.50) ·
	\$52.50 \$8.75		