

(Requestor's Name)
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(only old to Light Holle My
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Roth Famy LT	artnership or Limited Liability Limited Partnership
The enclosed amendment and fee(s) are sub-	
Please return all correspondence concerning	g this matter to:
Betsy Blechman Contact Person	
Roth Family LTD Firm/Company	
17784 Boniello Dr Address	
Boxa Raton, FZ 33496 City. State and Zip Code	
dan deblechman, net E-mail address: (to be used for future annual r	eport notification)
For further information concerning this ma	tter, please call:
David Blechman Name of Contact Person	at (561) 400 - 3930 Area Code Daytime Telephone Number
Enclosed is a check for the following amou	ent:
\$52.50 Filing Fee S61.25 Filing Fee and Certificate of Status	S105.00 Filing Fee S113.75 Filing Fee. and Certified Copy Certificate of Status
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street. Suite 810 Tallahassee, FL 32303

AMENDMENT TO CERTIFICATE OF AUTHORITY FOR

FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP

1. The name of the limited partnership or limite the Florida Department of State is:	Ed liability limited partnership as it appears or Family LTD	the records of
2. Document Number of Foreign Limited Partne A95000000776	ership or Limited Liability Limited Partnershi	p: _
2. The jurisdiction of its formation is: Flor	ida	
3. The date the entity was authorized to transac	t business in Florida is: 6112 1995	-
4. If the amendment changes the name of the little new name:	mited partnership or limited liability limited p	partnership, enter
Acceptable Limited Partnership suffixes: Limited Partn Acceptable Limited Liability Limited Partnership suffixe	nership, Limited, L.P., LP, or Ltd. es: Limited Liability Limited Partnership, L.L.L.P. o.	r I.LLP.
(If name unavailable in Florida, enter alternate r Florida.)	name adopted for the purpose of transacting b	usiness in
5. If the amendment changes the general partner Name:	er(s), list the name and business address of each Business Address:	ch general partner:
Bruce I Roth	6928 Rothwell St. New Albany, OH 43054	Add Kemove
	NEW AVERAY, OH 75039	Change
		Add Remove Change
		Add Remove Change
		Add Remove
		□Change □□Add
		Remove Change
		Add Remove
		Change

6. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:
7. If the amendment corrects any false statement listed in the application, indicate the statement being corrected and the correction:
8. If the amendment is to add or delete an election to be a limited liability limited partnership statement, check the appropriate box:
The entity elects to be a limited liability limited partnership.
The entity is no longer a limited liability limited partnership.
9. Attached is an original certificate, no more than 90 days olds, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.
10. Effective date, if other than the date of filing:
Signature of a general partner: Bets R Blechmon
Typed or printed name: BETSY R Blechman
Filing Fee: \$52.50 Certified Copy (optional): \$52.50 Certificate of Status (optional): \$8.75