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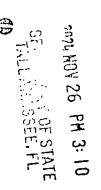
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# **COVER LETTER**

Division of C	Corporations			
SUBJECT:	een Asse- me of Florida Limited Par	Managem tnership or Limited Liability	ent Ltd. Limited Partnership	
The enclosed Certific	cate of Amendment ar	nd fee(s) are submitted	for filing.	
Please return all corr	espondence concernir	ng this matter to:		
_ Eliza	abeth A. G	iveen_		
<u>9155</u> S.		Blvd. Suite	1812	
Miar	Address  1 FL 3315  City, State and Zip Code	5φ		
Elmail address: (to	1 W THE O be used for future annual	(LENCOM POM	ries. net	
Shea Nor	·	at ( 305 ) (0	70-1000 ext 12	61 P. F.
Name of Conta		•	ime Telephone Number	, , 3 V 4 ~ 4 ~ 1
Enclosed is a check	for the following amo	unt:	SSE PR	
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Mailing Address:		Street Addre	PSS:	

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

**TO:** Registration Section

Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

# CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

	nagement Ltd.  The with Florida Department of State
Pursuant to the provisions of section 620.1202, F limited liability limited partnership, whose certifi	Torida Statutes, this Florida limited partnership or icate was filed with the Florida Department of State on orida document number <u>A95000007</u> 96
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the here:	limited partnership or limited liability limited partnership
New name must be distinguish	hable and contain an acceptable suffix.
Acceptable Limited Partnership suffixes: Limited Partners. Acceptable Limited Liability Limited Partnership suffixes:	Limited Liability Limited Partnership, L.L.L.P. or LLLP.
principal office address here:	ipal office address, enter new mailing address and/or
New Principal Office Address: (Must be STREET address)	
New Mailing Address: (May be post office box)	26 PH 3: 10 SSEE FILE
C. If amending the registered agent and/or register registered agent and/or the new registered office ad	red office address on our records, <u>enter the name of the new</u> <u>Idress here</u> :
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	. Florida
	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

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>	Name	Address	Type of Action
<u>GP</u>	The Revocable Liwng Trust of Nancy F. Green	91555 Dadeland Bird Suite 1812 Miami, FL 3315	' <b>⊠</b> Remove
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- E. If the limited partnership or limited liability limited partnership is amending its "limited liability 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 liability limited partnership" status, all general partners must sign this amendment.)

(Rective date, if other than the date of filing:  (Rective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of ate.)  (It is date inserted in this block does not meet the applicable statutory filing requirements, this date will not listed as the document's effective date on the Department of State's records.  (In the date inserted in this block does not meet the applicable statutory filing requirements, this date will not listed as the document's effective date on the Department of State's records.  (In the date inserted in this block does not meet the applicable statutory filing requirements, this date will not listed as the document's effective date on the Department's records.  (In the date inserted in this block does not meet the applicable statutory filing requirements, this date will not listed as the document's effective filing requirements.  (In the date inserted in this block does not meet the applicable statutory filing requirements, this date will not listed as the document's effective filing requirements.  (In the date inserted in this block does not meet the applicable statutory filing requirements, this date will not listed as the document's effective filing requirements, this date will not listed as the document's effective filing requirements.  (In the date inserted in this block does not meet the applicable statutory filing requirements, this date will not listed as the document's effective filing requirements.  (In the date inserted in this block does not meet the applicable statutory filing requirements, this date will not listed as the document's filing requirements.  (In the date inserted in this block does not meet the applicable statutory filing requirements, this date will not listed as the date will not listed as the document's filing requirements.  (In the date in the filing requirements of the filing requirements of the filing requirements.  (In the date in the filing requirements of the filing requirements.)  (In the date i				
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