

A96 000000911

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

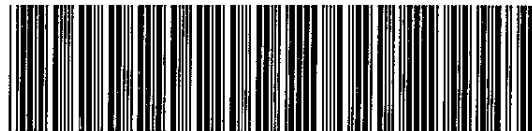
(Document Number)

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A96-911  
OK

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ASHCON - PALMETTO PARTNERS, LTD.  
(Name of Limited Partnership)

DOCUMENT NUMBER: 17 96000000911

The enclosed Certificate of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

GREG BERGERON  
(Name of Person)

ASHCON - PALMETTO PARTNERS, LTD.  
(Firm/Company)

3493 NW 167th St  
(Address)

Miami Gardens FL 33056  
(City/State and Zip Code)

For further information concerning this matter, please call:

GREG BERGERON at ( 305 ) 624-2989  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$52.50 Filing Fee      ☐ \$61.25 Filing Fee & Certificate of Status      ☐ \$105.00 Filing Fee & Certified Copy (additional copy is enclosed)      ☐ \$113.75 Filing Fee, Certificate of Status, & Certified Copy (additional copy is enclosed)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

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TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

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**CERTIFICATE OF AMENDMENT  
TO  
CERTIFICATE OF LIMITED PARTNERSHIP  
OF**

ASHTON - PALMETTO PARTNERS, LTD.

(Insert name currently on file with Florida Dept. of State)

Pursuant to the provisions of section 620.109, Florida Statutes, this Florida limited partnership, whose certificate was filed with the Florida Dept. of State on 05/16/1996, adopts the following certificate of amendment to its certificate of limited partnership.

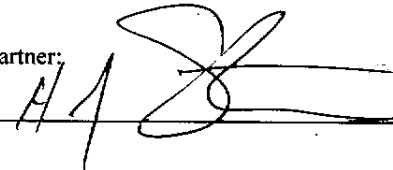
**FIRST:** Amendment(s): (indicate article number(s) being amended, added, or deleted)

GENERAL PARTNER IS CHANGED  
FROM ASHTON - PALMETTO PARTNERS, INC.  
TO ASHTON (FCA.) MANAGEMENT, INC.

**SECOND:** This certificate of amendment shall be effective at the time of its filing with the Florida Department of State.

**THIRD:** Signature(s)

Signature of current general partner:



Signature(s) of new general partner(s), if applicable:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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