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SUCKE WARY OF SWATE
AHASSEE, FLORIDA

B. BOSTICK
MAY 2 3 2012
EXAMINER

COVER LETTER

10:	Division of	Section Corporations				
SUBJ	ECT:	COM	MERCE FIVE, LT	D		
0020	N		rtnership or Limited Liabili			
The en	nclosed Certif	icate of Amendment a	nd fee(s) are submitted	for filing.		
Please	return all co	rrespondence concerni	ng this matter to:			
		Jean F. Tillman				
	_	Contact Person				
	C	ommerce Five, LTD Firm/Company	·			
	16	10 Tennessee Aven Address	<u></u>			
		Address		∵ > o		
	L	ynn Haven, FI 3244	4		12 HAY 21	Mr. 2
		City, State and Zip Code		新	2	# E
		@tillmaninvestments		SS		3
Е	-mail address: (1	to be used for future annua	report notification)	inc.	E.	2 1 t
For fu	ırther informa	ition concerning this m	natter, please call:	FLORID	H: 38	**************************************
		F. Tillman	at (<u>850</u>)	265-4168		
	Name of Con	tact Person	Area Code and Day	ytime Telephone Number		
Enclo	sed is a check	for the following amo	ount:			
\$52	2.50 Filing Fee	\$61.25 Filing Fee and Certificate of Status	\$105.00 Filing Fee and Certified Copy	\$113.75 Filing Fee, Certified Copy, and Certificate of Status		
STREET ADDRESS: Registration Section Division of Corporations Clifton Building		Registration Division of P. O. Box 6	Corporations 327			
2661	Executive Ce	nter Circle	Tallahassee	. FL 32314		

Tallahassee, FL 32301

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

	CE FIVE, LTD.
Insert name currently on file	with Florida Department of State
	ate was filed with the Florida Department of State on ida document numberA9600001853,
-	is certificate of finited partifership.
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the line here:	nited partnership or limited liability limited partnership
New name must be distinguisha	ble and contain an acceptable suffix.
Acceptable Limited Partnership suffixes: Limited Partnershi Acceptable Limited Liability Limited Partnership suffixes: Li	
B. If amending mailing address and/or principal office address here:	al office address, enter new mailing address and/or
New Principal Office Address: (Must be STREET address)	12 TAN 12
New Mailing Address: (May be post office box)	Son To
C. If amending the registered agent and/or register new registered agent and/or the new registered office	red office address on our records, enter the name of the address here:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	a. a. i

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

	If Changing Registered Age	nt, Signature of New Registered
ie general partner(s), <u>en</u> <u>from our records</u> :	ter the name and business addre	ess of each general partr
<u>Name</u>	<u>Address</u>	Type of Action
		AddRemove
		
		Remove
		Add Remove
		Add Remóve F
		Rémove
		Add3
	from our records:	ne general partner(s), <u>enter the name and business addre</u> from our records:

(NOTE: If adding or removing" limited liability limited partnership" status, all general partners must sign this amendment.)

This Limited Partnership hereby removes its "Limited Liability Limited Partnership" status.

F. If amending any other information, ent	ter change(s) here: (Attach additional sheets, if necessary.)				
I would like to amend the partnership certificate to delete the limited term provision, to allow					
perpetual existence for the partnership.					
Dec de la	l 4 .0040				
Effective date, if other than the date of filing: (Effective date cannot be prior to nor more than 90 day State.)	June 1, 2012 ys after the date this document is filed by the Florida Department of				
Signature(s) of a general partner or all gen	eral partners*:				
	d to sign this document unless the limited partnership is adding or tion statement. Chapter 620, F.S., requires all general partners to sign artnership" election statement.)				
Jan F. Siema					
President of the					
Corporate General					
Partner Commerce	Five, UD.				
Signature(s) of all new or dissociating gene	,				
Signature(5) of an new of this sociating gene	Tur partner(3); ir any.				
	<u> </u>				
	[E 2]				
	E STATE OF THE STA				
	95 = 1				
Filing Fee: \$52.50 Certified Copy (optional): \$52.50 Certificate of Status (optional): \$8.75	I: 38 ORIDA				