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SECRETARY OF STATE
DIVISION OF CORPORATION

Office Use Only

G. MCLEOD MAY - 8 2008 EXAMINER

COVER LETTER

TO: Registration S Division of C			
	TETLER FAMILY Parties of Florida Limited Parties		
The enclosed Certific	eate of Amendment and	d fee(s) are submitted	for filing.
Please return all corre	espondence concerning	g this matter to:	
RICHARD A PAUL			
	(Contact Person)		
RICHARD A. PAUL	., P.A.		
	(Firm/Company)		
P.O. BOX 98			
	(Address)		
EUSTIS, FL 32727			
(6	City, State and Zip Code)		
For further informati	on concerning this ma	tter, please call:	
RICHARD A PAUL		at (352) 35	57-3141
(Name of Contact Person)			Daytime Telephone Number)
Enclosed is a check f	or the following amou	nt:	
\$52.50 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 ADDRES Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 323	ions er Circle	Registration of P. O. Box 6	Corporations

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

DIVISION OF CORPORATION 08 MAY - 7
08 MAY -7 PM 12: 05

HUFFSTETLER FAMILY PARTNERS	SHIP, LLLP ,
(Insert name currently on fil	e with Florida Department of State)
	orida Statutes, this Florida limited partnership or cate was filed with the Florida Department of State on Illowing certificate of amendment to its certificate of
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the li</u> here:	imited partnership or limited liability limited partnership
(New name must be distinguish	able and contain an acceptable suffix.)
Acceptable Limited Partnership suffixes: Limited Partnersh Acceptable Limited Liability Limited Partnership suffixes: i	
B. If amending the registered agent and/or registened agent and/or the new registered officeness.	ered office address on our records, enter the name of the see address here:
Name of New Registered Agent:	
New Registered Office Address:	
	(Enter Florida street address)

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.

(City)

(If Changing Registered Agent, Signature of New Registered Agent)

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
	HUFFSTETLER, MYRA	421 S CENTER ST EUSTIS, FL 32726	Add Remove
			Damaya
			Damaria
			Damova
			~
ited partner This Limite This Limite	ed partnership or limited liability ship" status, enter change here: d Partnership hereby elects to be a decided and the state of the	"Limited Liability Limited Limited P	Partnership." 'artnership" status.
	g or removing" limited liability limited po any other information, enter chang		
	any otner intormation, enter chany	e(s) nere: (Anach adamonai	sneets, if necessary.)
	,		

Effective date, if other than the date (Effective date cannot be prior to nor more State.)	e of filing:e than 90 days after the date this document is filed by the Florida Department of
Signature(s) of a general partner	
removing a "limited liability limited partners	er is required to sign this document unless the limited partnership is adding or ership" election statement. Chapter 620, F.S., requires all general partners to signity limited partnership" election statement.)
Richard O. Pas	
Signature(s) of all new or dissoci-	ating general partner(s), if any:
#144	
Filing Fee: Certified Copy (optional):	\$52.50 \$52.50
Certificate of Status (optional):	\$8.75