A9700000022

(Requestor's Name)				
(Address)				
(Ad	dress)	NA GREET		
(Cit	y/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
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(Do	cument Number)			
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EXAMINER



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SECRETARY OF STATE DIVISION OF CORPORATIONS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: COLANGELO FAMILY LIMITED PARTNERSHIP

Name of Florida Limited Partnership or Limited Liability Limited Partnership

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

Please return all correspondence concerning this matter to:

THOMAS M. VANNESS, JR., ESQ.					
Contact Person					
VANNESS & VANNESS, P.A.					
Firm/Company					
1205 N. MEETING TREE BL	VD.				
Address					
CRYSTAL RIVER, FL 344	29				
City, State and Zip Code					
E-mail address: (to be used for future annual re	port notification)				
For further information concerning this matter, please call:					
Thomas M. VanNess, Jr., Esq.	at (352)	795-1444			
Name of Contact Person Area Code and Daytime Telephone Number					
Enclosed is a check for the following amount:					
\$52.50 Filing Fee S61.25 Filing Fee and Certificate of Status	\$105.00 Filing Fee, and Certified Copy	\$113.75 Filling Fee, Certified Copy, and Certificate of Status			

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

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

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

COLANGELO FAMILY LIMITED PARTNERSHIP Insert name currently on file with Florida Department of State

Pursuant to the provisions of section 620.1202, Florida Statutes, this Florida limited partnership or limited liability limited partnership, whose certificate was filed with the Florida Department of State on 04/23/2004, assigned Florida document number A9700000022,						
adopts the following certificate of amendment to its certificate of limited partnership.						
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the l here:	imited partnership or limited liability limited partnership					
New name must be distinguish	nable and contain an acceptable suffix.					
Acceptable Limited Partnership suffixes: Limited Partnersh Acceptable Limited Liability Limited Partnership suffixes: 1						
B. If amending mailing address and/or princip principal office address here:	pal office address, enter new mailing address and/or					
New Principal Office Address: (Must be STREET address)						
New Mailing Address: (May be post office box)						
C. If amending the registered agent and/or registence agent and/or the new registered offic	ered office address on our records, enter the name of the e address here:					
Name of New Registered Agent:	•					
New Registered Office Address:	Enter Florida street address					
	, Florida					
	City Zin 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 A	gent, Signature of New	Registered Agent

D.	If amending	ig the gene	ral partner(s),	enter the	e name	and business	address	of eac	ch general	partner	being
ado	ied or remo	ved from o	ur records:								

	<u>Title</u>	Name	<u>Address</u>	Type of Action
	GP.	Elizabeth B. Colangelo	9130 SE 72nd Avenue Ocala, FL 34472	_ Add _ √Remove
				Add Remove
				Add Remove
٠				_ Add _ Remove
				_ Add _ Remove
	<u>. </u>			Add Remove
		artnership or limited liability " status, enter change here:	limited partnership is amend	- ding its "limited liability
	This Limited I	Partnership hereby elects to be	a "Limited Liability Limited Pa	rtnership."
	This Limited I	Partnership hereby removes its	"Limited Liability Limited Par	tnership" status.
NOT	E: If adding or re	emoving" limited liability limited pa	rtnership" status, all general partne	rs must sign this amendment.)

F. If amending any other inform	iation, enter chang	e(s) here: (Attach additional sheets, if necessary.)
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		. ,
Effective date, if other than the date of	of filing:	
(Effective date cannot be prior to nor more t State.)	than 90 days after the	date this document is filed by the Florida Department of
Signature(s) of a general partner of	r all general part	tners*:
(*NOTE: Only one current general partner	is required to sign thi	is document unless the limited partnership is adding or
removing a "limited liability limited partners when adding or removing a "limited liability	ship" election stateme	ent. Chapter 620, F.S., requires all general partners to sig
		,
Alb I MAY		
		,
Signature(s) of all new or dissociati	ng general partn	er(s), if any:
		
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