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DIVISION OF CORPORATIONS
08 FEB 21 PM 2: 17

J. BRYAN FEB 2 2 2008

EXAMINER

COVER LETTER

TO: Registration S Division of C			e.	
SUBJECT: Subject Nar	ne of Florida Limited Par	tnership or Limited Liability	Limited Partnership)	arrana "
The enclosed Certific	ate of Amendment ar	nd fee(s) are submitted f	for filing.	
Please return all corre	espondence concernin	ng this matter to:		O
Sperny	(, ,	turnship, Li	שח	SECRETARY CORPORATE OF THE 2:
9975	Capital Ci	MIE JOH		ON'S
TallaLa	City, State and Zip Code)	32303		
For further information	on concerning this ma	atter, please call:	562 110	2517 (D)
Mart L. L (Name of Conta	Ct Person)	at (4.50) 5	ytime Telephone Num	166211
Enclosed is a check f	or the following amou	unt:		
\$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	ò,
STREET ADDRESS Registration Section Division of Corporate Clifton Building 2661 Executive Cent Tallahassee, FL 3236	ions er Circle	MAILING A Registration S Division of C P. O. Box 632 Tallahassee, I	Section forporations 27	

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

(Insert name currently on f	Partnership	LTD	
(Insert name currently on t	ille with Florida Departme	nt of State)	
Pursuant to the provisions of section 620.1202, I limited liability limited partnership, whose certiful 12/26/1996, adopts the filmited partnership.	ficate was filed with th	ie Florida Department of State or	1
		0 2 / CC	2
This amendment is submitted to amend the following:		2	20°C
A. If amending name, enter the new name of the here:	limited partnership or	limited liability limited partnersh	in ;
			OKU
(New name must be distinguis	bahla and assistance ass	ontoble suffix	-
B. If amending the registered agent and/or regis new registered agent and/or the new registered off Name of New Registered Agent:	tered office address on ice address here:	our records, enter the name of t	<u>he</u>
New Registered Office Address:	(Enter Flor	ida street address)	
		Florida	FILTOF SINIONS the
	(City)	, Florida (Zip Code)	
New Registered Agent's Signature, if changing	g Registered Agent:		
I hereby accept the appointment as registered age comply with the provisions of all statutes relative am familiar with and accept the obligations of my	to the proper and comp	lete performance of my duties, an	d I

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
<u>(-14</u>	Spenn Donald B.	4877 Aunotte Tellahessee	Add Remove
<u> </u>	Sperny, Jane 14.	4977 Annett	
6-N	Sperny Land Corpor AOL & PO6000031673	tion 4495 Gpitals Tallahasser	Add Remove 32303 Add
			Remove 2
	•		Add Remove
	ed partnership or limited liability ship" status, enter change here:	limited partnership is	amending its "limited li
Γhis Limite	d Partnership hereby elects to be a	"Limited Liability Limite	d Partnership."
Γhis Limite	d Partnership hereby removes its "	Limited Liability Limited	Partnership" status.
E: If adding	g or removing" limited liability limited pa	artnership" status, all genera	l partners must sign this amer
amending	any other information, enter change	e(s) here: (Attach addition	al sheets, if necessary.)

	Effective date, if other than the date of filing: (Effective date cannot be prior to nor more than 90 days after the State.)	date this document is filed by the Florida Department o
	Signature(s) of a general partner or all general part	ners*:
	(*NOTE: Only one current general partner is required to sign this removing a "limited liability limited partnership" election statemer when adding or removing a "limited liability limited partnership" (September 2014)	ent. Chapter 620, F.S., requires all general partners to sign
*	- Down Profing	
	Signature(s) of all new or dissociating general partn Sperry Land Conferation	ter(s), if any:
,	Bartlett C. Wells	08 FEB 21
X	Gonald B. Spayer (C-1)	PH 2: 11
*	Locald B Jang	

Filing Fee: \$52.50
Certified Copy (optional): \$52.50
Certificate of Status (optional): \$8.75