

A 97 0000 00204

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

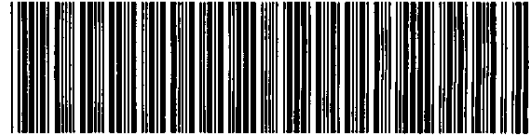
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/04/14--01025--014 **105.00

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

LISA BRADEN, P.A.
4623 FOREST HILL BLVD., SUITE 108-1
WEST PALM BEACH, FLORIDA 33415
E-Mail: lisa@lisabraden.com

Website: www.lisabraden.com

Telephone: (561) 641-1888

July 31, 2014

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

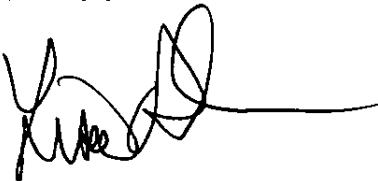
Re: Certificate of Amendment to
Certificate of Limited Partnership of
ANTUN FAMILY PARTNERS, LTD.
Document No.: A97000000204

Dear Sirs:

Please find enclosed an original and one copy of the above-mentioned along with a check in the amount of \$105.00. This amount represents the filing fee and certified copy.

After you have filed this Certificate of Amendment to Certificate of Limited Partnership of ANTUN FAMILY PARTNERS, LTD., please return the certified copy to my office.

Sincerely yours,

A handwritten signature in black ink, appearing to read 'Lisa Braden', with a long horizontal line extending to the right.

Lisa Braden

enclosure



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ANTUN FAMILY PARTNERS, LTD.
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:

Lisa Braden
Contact Person
Lisa Braden, P.A.
Firm/Company
4623 Forest Hill Blvd., Ste. 108-1
Address
West Palm Beach, Florida 33415
City, State and Zip Code
lisa@lisabraden.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lisa Braden at (561) 641-1888
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- \$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 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**

ANTUN FAMILY PARTNERS, LTD.

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 January 17, 1997, assigned Florida document number A97000000204, 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 limited partnership or limited liability limited partnership here:

New name must be distinguishable and contain an acceptable suffix.

Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.

Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.

B. If amending mailing address and/or principal office address, enter new mailing address and/or principal office address here:

New Principal Office Address:

(Must be STREET address)

New Mailing Address:

(May be post office box)

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STATE OFFICE OF TREASURY
TALLAHASSEE, FLORIDA

C. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, Florida _____

City

Zip 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 Agent, Signature of New Registered Agent

D. If amending the general partner(s), enter the name and business address of each general partner being added or removed from our records:

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	Joan Rednor	3057 Via Napoli Deerfield Beach, FL 33442	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
_____	Joan Rednor, as Trustee of the JOAN REDNOR REVOCABLE TRUST Dated 11/9/92	3057 Via Napoli Deerfield Beach, FL 33442	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
_____	Kim Y. Taber	4685 N.W. 7th Place Deerfield Beach, FL 33442	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
_____	Kim Y. Taber, as Trustee of the KIM Y. TABER REVOCABLE TRUST DATED 5/13/97	4685 N.W. 7th Place Deerfield Beach, FL 33442	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

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E. If the limited partnership or limited liability limited partnership is amending its "limited liability limited partnership" status, enter change here:

- This Limited Partnership hereby elects to be a "Limited Liability Limited Partnership."
- This Limited Partnership hereby removes its "Limited Liability Limited Partnership" status.

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

F. If amending any other information, enter change(s) here: (Attach additional 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 date this document is filed by the Florida Department of State.)

Signature(s) of a general partner or all general partners*:

(*NOTE: Only one current general partner is required to sign this document unless the limited partnership is adding or removing a "limited liability limited partnership" election statement. Chapter 620, F.S., requires all general partners to sign when adding or removing a "limited liability limited partnership" election statement.)

x *Juan Rednor*

x *Kim F. Caher*

Signature(s) of all new or dissociating general partner(s), if any:

x *Juan Rednor*

x *Kim F. Caher*

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TALLAHASSEE

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