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T. PAMPT"

## **COVER LETTER**

TO: Registration Section Division of Corporations	
	Financial Limited Partnership Partnership or Limited Liability Limited Partnership
The enclosed Certificate of Amendment Please return all correspondence concer	t and fee(s) are submitted for filing.
Troube retain an entrespondence concer	ing ma matter to.
Karen Lustgarten	
Contact Person	<del>.</del>
LFLP	
Firm/Company	
1850 Homewood Blvd.,	, #408
Address	·
Delray Beach, FL 33	445
City, State and Zip Cod	<del>- in a la l</del>
info@mediakl.con	n
E-mail address: (to be used for future annu	
For further information concerning this	matter, please call:
Karen	at ( 202 ) 277-2522
Name of Contact Person	Area Code and Daytime Telephone Number
Enclosed is a check for the following ar	mount:
\$52.50 Filing Fee S61.25 Filing Fee and Certificate of Status	\$105.00 Filing Fee and Certified Copy  S113.75 Filing Fee, Certified Copy, and Certificate of Status
STREET ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P. O. Box 6327
2661 Executive Center Circle	Tallahassee, FL 32314

## CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

	O.F				
Lustgarter	r Financial I	Limited Partn	ership		
		h Florida Departme			
Pursuant to the provisions of section 62 limited liability limited partnership, who 2/10/97, ass	ose certificate signed Florida	was filed with th document number	ne Florida D er <u>A</u>	epartment o	of State on
adopts the following certificate of amen	idment to its co	ertificate of limit	ed partners	hip.	
This amendment is submitted to amend the	following:				
A. If amending name, enter the new name here:	ne of the limite	d partnership or	limited liab	ility limited	<u>partnershi</u> j
K & L Fit	nancial Lim	ited Partners	hip		
		and contain an accep			
Acceptable Limited Partnership suffixes: Limite Acceptable Limited Liability Limited Partnersh				L.L.L.P. or LL	LP.
B. If amending mailing address and/ principal office address here:	or principal o	ffice address, <u>e</u>	nter new m	ailing addr	ess and/or
New Principal Office Add	dress:				
(Must be STREET address)					<del></del>
					<del></del>
New Mailing Address: (May be post office box)				·	<del></del>
					<del></del>
C. If amending the registered agent and new registered agent and/or the new regis			our record	s, <u>enter the</u>	name of the
new regarded agent and or the new regard	octed office ad-	aress here.			
Name of New Registered Agent:	Karen Lu	stgarten			_
New Registered Office Address: 1850 Homewood Blvd., #408					
		Enter Florida	ı street addre	ess .	<b></b> 9
	De	Iray Beach	, Florida	33445	3 A
	(	City		Zip Code	- 등 : : : : : : : : : : : : : : : : : :
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Page 1 of 3

## 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>	Name	Address	Type of Action
			_
			SECRE LARY SECRE LARY SECRE LARY CONTROL  Remove  - Remove
<del></del>			SECRE LARY OF SIALL SECRE LARY OF CORPORATIONS  13 AUG 13 AM 10: 53  Add Remove Add Remove
			_ □ Add _ □ Remove
			Add Remove
			<b></b>

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

L	j	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 info	rmation, enter cl	hange(s) here	e: (Attach ad	ditional sheets, if	necessary.)	
· · · · · · · · · · · · · · · · · · ·		<del> </del>		<del></del>	<del></del>	
ffective date, if other than the da	te of filing:				<del> </del>	
ffective date, if other than the dat ffective date cannot be prior to nor modute.)	re than 90 days aft	er the date this	s document is j	iled by the Florida	i Department	of
ignature(s) of a general partne	r or all general	partners*:				
NOTE: Only one current general parts						
moving a "limited liability limited parti hen adding or removing a "limited liabi				requires all genera	al partners to	sig
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ignature(s) of all new or dissoci	iating general p	partner(s), i	if any:			
	<del>.</del>					
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