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PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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FEB - 8 2012 T. HAMPTON

COVER LETTER

Division of Corporations			
SUBJECT: The Helen P. Stevens Family Limited Partnership			
Name of Florida Limited Parti	nership or Limited Liability Limited Partnership		
The enclosed Certificate of Amendment and	d fee(s) are submitted for filing.		
Please return all correspondence concerning	g this matter to:		
Michael B. Stevens	<u></u>		
Contact Person			
Firm/Company			
1420 Ocean Way #12-A	<u> </u>		
Address			
Jupiter, Florida 33477			
City, State and Zip Code			
Mr.MichaelStevens@gmail.	com		
E-mail address: (to be used for future annual r			
For further information concerning this mat	tter, please call:		
Michael B. Stevens	at (305) 401-1364		
Name of Contact Person	Area Code and Daytime Telephone Number		
Enclosed is a check for the following amou	nt:		
\$52.50 Filing Fee and Certificate of Status	\$105.00 Filing Fee and Certified Copy 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 32301	Tallahassee, FL 32314		
1 anana3500, 1 L J2J01			

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

The Helen P. Stevens Family Limited Partnership

Insert name currently on file with Florida Department of State

Pursuant to the provisions of section 620 limited liability limited partnership, who 2/24/1997 assi		ne Florida Department of St		
adopts the following certificate of amend	dment to its certificate of limit	ed partnership.	······································	
This amendment is submitted to amend the fe	ollowing:			
A. If amending name, enter the new nam here:	e of the limited partnership or	limited liability limited part	nership	
New name must be	distinguishable and contain an acce	ptable suffix.		
Acceptable Limited Partnership suffixes: Limited Acceptable Limited Liability Limited Partnership				
B. If amending mailing address and/o principal office address here:	or principal office address, <u>e</u>	nter new mailing address	and/or	
New Principal Office Add	ress: Michael B. Stever	าร		
(Must be STREET address)	1420 Ocean Way			
	Jupiter, Florida 33	477		
New Mailing Address:	Michael B. Stever	ne		
(May be post office box)	1420 Ocean Way			
	Jupiter, Florida 33			
C. If amending the registered agent and/		our records, enter the nam	e of the	
new registered agent and/or the new regist	ered office address here:			
	AC de a LD Characan			
Name of New Registered Agent:	Michael B. Stevens		므	
New Registered Office Address:	1420 Ocean Way #12-A	1-3 1-3	SIVID	
	Enter Florida street address			
	Jupiter	, Florida 33477 -	227 227 227	
	City	Zip Code		
		r.s	===	

New Registered Agent's Signature, if changing Registered Agent:

comply with the	the appointment as registered agen provisions of all statutes relative to a and accept the obligations of my p	o the proper and complete perfort	o. I further agree to nance of my duties, and i
	•	(pridly	4
		If Changing Registered Agent, Signatu	re of New Registered Agent
D. If amending	the general partner(s), <u>enter the led from our records</u> :	name and business address of ea	ch general partner being
<u>Title</u>	<u>Name</u>	Address	Type of Action
GP	HANK, JACK, CAROL, I	1850 Bay Drive Miami Beach, Florida 3314	Add Remove
<u>GP</u>	HANK, JACK, CAROL, I	1420 Ocean Way #12-A Jupiter, Florida 33477	Add Remove
			Add SECRET
			Add PRemove CRA
			☐Add 35 Figure 1
			Add Remove
	ed partnership or limited liability ship" status, enter change here:	y limited partnership is amend	ing its "limited liability
This Limi	ited Partnership hereby elects to be	a "Limited Liability Limited Par	tnership."
☐ This Limi	ited Partnership hereby removes its	"Limited Liability Limited Parti	nership" 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	change(s)	here: (Attac	h additional sl	heets, if necessary.)
					. ,
				104 10040	
Effective date, if other than the da (Effective date cannot be prior to nor mo State.)	te of filing: re than 90 days a	fter the date		/31/2012 It is filed by the	Florida Department of
Signature(s) of a general partne	r or all genera	l partner	<u>s*:</u>		
(*NOTE: Only one current general partr removing a "limited liability limited partr when adding or removing a "limited liability".	nership" election:	statement.	Chapter 620, I	S., requires al	tnership is adding or I general partners to sigr
		-			
	M	-			
Signature(s) of all new or dissoci	ating general	<u>partner(s</u>	s), if any:		
		_	144		· · · · · · · · · · · · · · · · · · ·
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Filing Fee:	\$52.50				SEGRETA VISION OF 2 FEB
Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$8.75				T PH I