*A9700000563

| (Re | equestor's Name) | |
|-------------------------|----------------------|----------|
| | | |
| (Ac | ddress) | |
| | | |
| (Ac | ddress) | |
| | | |
| (Ci | ty/State/Zip/Phone # | 9 |
| | | |
| PICK-UP | WAIT | MAIL |
| - | | |
| (Bi | usiness Entity Name |) |
| V - | | , |
| (De | ocument Number) | |
| (D) | soument Number, | |
| Continue Continu | 0-45 | 5 Ot-1 |
| Certified Copies | _ Certificates o | r Status |
| | | |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Office Use Only



400268121944

01/23/15--01021--011 **52.50

ZOISFEB 13 MID: 51

K. SALY EXAMINER FEB 17 2015 Law Offices of

Steven Michael LaBret. P. S.

130 Pasadena Place Orlando Therida 32803

LL.M. IN TAXATION ALSO ADMITTED IN LOUISIANA AND MICHIGAN BARS

PHONE * (407) 422:5819 FAX # (321) 236-6618 E-MAIL: Labretpa@cfl.rr.com

December 31, 2014

Registration Section Div. of Corporations P.O. Box 6327 Tallahassee, FL 32.314

Re: Our Client: Obelisk, Ltd.

Our File No:

115-U-0021 (Uranick)

Dear Sir/Madam:

Enclosed find the following:

- Filing Fee of \$52.50 Certificate of Amendment

Please record the document and send proof of recording to the undersigned.

Thank you for your anticipated cooperation.

Sincerely

SML/aeo Encls.



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 3, 2015

STEVEN MICHAEL LABRET, P.A. STEVEN MICHAEL LABRET 130 PASADENA PLACE ORLANDO, FL 32803

SUBJECT: OBELISK LTD. Ref. Number: A97000000563

We have received your document for OBELISK LTD. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the dissociating general partner unless the document states the general partner is deceased or a guardian or general conservator has been appointed or the general partner previously filed a Statement of Dissociation with the Florida Department of State.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly Regulatory Specialist II

secesses

Letter Number: 815A00002164

www.sunbiz.org

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP **OF**

| FILED |
|-----------------------|
| 2015 FEB 13 |
| FALL AHASSEE, FLORIDA |

OBELISK, LTD.

Insert name currently on file with Florida Department of State

| Pursuant to the provisions of section 620.1 limited liability limited partnership, whose March 6, 1996, assignadopts the following certificate of amendments. | e certificate was filed wit ned Florida document nu | th the Florida De ImberA9 | epartment of State of 170000000563 | n_, |
|---|--|------------------------------|------------------------------------|------------|
| adopts the following certificate of amendi | ment to its certificate of its | iiiiica partiicisii | ip. | |
| This amendment is submitted to amend the following | lowing: | • | | |
| A. If amending name, <u>enter the new name</u> here: | of the limited partnership | or limited liabi | lity limited partners | <u>hip</u> |
| New name must be di | stinguishable and contain an a | acceptable suffix. | | _ |
| Acceptable Limited Partnership suffixes: Limited l Acceptable Limited Liability Limited Partnership s | | | L.L.P. or LLLP. | |
| B. If amending mailing address and/or principal office address here: | principal office addres | s, <u>enter new ma</u> | niling address and/ | <u>'or</u> |
| New Principal Office Addre (Must be STREET address) | ess: | | | |
| New Mailing Address: (May be post office box) | | | | |
| C. If amending the registered agent and/or the new registered | | s on our records | , enter the name of | <u>the</u> |
| Name of New Registered Agent: | Carol A. Uranick | | | |
| New Registered Office Address: | 1365 Windsong Road | d orida street addres | F | |
| | | | | |
| | Orlando City | , Florida | 32809 7in Code | |

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

| comply with the | provisions of all statutes relativ | gent and agree to act in this cape we to the proper and complete per my position as registered agent | |
|-----------------|---|--|--|
| | | If changing Registered Agent, Sign | Parish gnature of New Registered Agent |
| | the general partner(s), enter ted from our records: | he name and business address o | f each general partner being |
| <u>Title</u> | <u>Name</u> | Address | Type of Action |
| <u>GP</u> | Gerald W. Uranick | 1365 Windsong Koad Orlando, FL 32809 | Add ✓ Remove |
| <u>GP</u> | Carol A. Uranick | 1365 Windsong Road Orlando, FL 32809 | Add Remove |
| | | | Add Remove |
| | | | Add 12 Remove 13 C C C C C C C C C C C C C C C C C C |
| limited partner | ship" status, enter change her | oility limited partnership is amee: b be a "Limited Liability Limited | |
| This Limi | ted Partnership hereby remove | s its "Limited Liability Limited P | artnership" status. |

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

| | | | Alterial A |
|--|---------------------|-------------|---|
| | | ··········· | 7/50 |
| | | | |
| | | | |
| | | • | |
| | | | |
| ffective date, if other than the da | | | <u> </u> |
| Effective date cannot be prior to nor mo. (tate.) | re than 90 days aft | er the date | this document is filed by the Florida Department of |
| are.) | | | |
| | | | |
| Signature(s) of a general partne | r or all generai | partner | s*: |
| | | | |
| | | | cument unless the limited partnership is adding or Chapter 620, F.S., requires all general partners to sign |
| hen adding or removing المائلة | | | |
| | | | |
| | | | |
| and of the | - | - | |
| | | | |
| | | _ | |
| | | _ | |
| | | | |
| · · · · · · · · · · · · · · · · · · · | | - | |
| ignature(s) of all new or dissoci | iating general j | partner(s | s), if any: |
| | | | |
| | | | |
| | | _ | |
| | | | |
| | | _ | |
| | | - | |
| | | | |
| | | _ | |
| | | | |
| Filing Fee: | \$52.50 | | |
| Certified Copy (optional): | \$52.50 | | |
| Certificate of Status (optional): | \$8.75 | | |