

(F	Requestor's Name)			
( <i>F</i>	Address)			
(/	Address)			
(0	City/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(E	Business Entity Nar	ne)		
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				
		į		

Office Use Only



900107037929

08/20/07--01018--023 \*\*25.00

09/07/07--01001--004 \*\*25.50

07 SEP -7 AN 8: 29

## COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Oak Lane Equities, Ltd. (Name of Florida Limited Partnership of	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:	
Barbara Humphrey		
(Contact Person)		
Law Office of Robert A. Heekin		
(Firm/Company)		
1 Sleiman Parkway, Suite 280		
(Address)		
Jacksonville, Florida 32216		
(City, State and Zip Code)		
For further information concerning this matter	er, please call:	
Barbara Humphrey	at (_904636-9777	
(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 \$\int \\$113.75 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 32301	Tallahassee, FL 32314	

## CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

## Oak Lane Equities, Ltd.

	* 1		
(Insert name current	tly on file with Florida Department of State)		
partnership or limited liability limit	n 620.1202, Florida Statutes, this Florida limited ed partnership, whose certificate was filed with the 7/1997, adopts the following ficate of limited partnership.		
certificate of amendment to its certi-	lficate of limited partnership.		
FIRST: Amendment(s): (Indicate	information being amended, added, or deleted)		
Section 4.2 is amended to state	that the sole General Partner is:	•	
Knightboxx LC			
1 Sleiman Parkway, Suite 270			
Jack	sonville, Florida 32216		
		•	7.61
SECOND: Effective date, if other than the date of filing:			
(Effective date cannot be prior to nor more Department of State.)	e than 90 days after the date this document is filed by the Florida		
Signature(s) of a general partner(s) (*Note: If adding or deleting an election to partners must sign the amendment.)	*: to be a limited liability limited partnership statement, all general		
	Knightboxx LC		
	By:		
			•
	Its: Managing Member		· 🗗
		07	Ψs
Signature(s) of new or dissociating	general partner(s), if any:	38	<u> </u>
		I .	7 - 1771 5 - 1771
		<del>, 1</del>	<u>ئ</u> ئستىدىسى ئىد
Filing Fee:			: * <del>***</del>
Certified Copy (optional):	_	ည	
Certificate of Status (optional):		ာ ဂ	·