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(Requestor's Name)
(Address)
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(Address)
(City/State/Zip/Phone #)
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. PICK-UP WAIT MAIL
(Business Entity Name)
• •
(Document Number)
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DEPARTION OF CONTROL ATTOMS
DIVISION US SEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE FLORID

M. APR 2 1 2008

## **COVER LETTER**

TO: Registration S Division of C				
SUBJECT:	VALKER INV me of Florida Limited Par	EST MENT	GROUP,	LTD
(Na	me of Florida Limited Par	tnership or Limited I	Liability Limited	l Partnership)
The enclosed Certific	cate of Amendment ar	nd fee(s) are subm	nitted for filir	ng.
Please return all corr	espondence concernin	g this matter to:		
Dur	F F Wa	Ir 6 ve		
17,0720	(Contact Person)	. re ze	-	
WALK	FR TWVEST (Firm/Company)	MENT GRECO	IP, LID	
	(Firm/Company)		<del>-</del>	
2143	GOLDER EA	GLE DRIVE	5	
. <u> </u>	(Address)	•	-	
TALLA	IHASSEE, FL City, State and Zip Code)	32312		
(1	City, State and Zip Code)		-	
				•
For further informati	on concerning this ma	itter, please call:		
Robent	WALKER	at ( <b>F3</b> 7	) 888 %	353
(Name of Conta	WALKER act Person)	(Area Code	and Daytime To	elephone Number)
	for the following amou			
\$52.50 Filing Fee	\$61.25 Filing Fee and Certificate of Status	\$105.00 Filing and Certified Cop	y Certifi	3.75 Filing Fee, ed Copy, and cate of Status
STREET ADDRES	S:	MAIL	ING ADDRE	ESS:
Registration Section		-	ration Section	
Division of Corporat Clifton Building	ions		on of Corporation 6327	tions
2661 Executive Cent	er Circle		assee, FL 323	314
Tallahassee, FL 323	01			

FILED

## CERTIFICATE OF AMENDMENT

## CERTIFICATE OF LIMITED PARTNERSHIP

SECRETARY OF STATE TALLAHASSEE FLORIDA

(Insert name currently on file with Florida Department of State)

Pursuant to the provisions of section 620.1202, F limited liability limited partnership, whose certification of the following partnership.	icate was filed with	the Florida Department of State on
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lere:	limited partnership	or limited liability limited partnership
5,4∪1 €		
ろみめそ (New name must be distinguish	able and contain an a	cceptable suffix.)
Acceptable Limited Partnership suffixes: Limited Partnership suffixes: Acceptable Limited Liability Limited Partnership suffixes:		
B. If amending the registered agent and/or regist new registered agent and/or the new registered office		on our records, enter the name of the
Name of New Registered Agent:	74ME	
New Registered Office Address:	•	
	(Enter Flo	orida street address)
		Florida
<del></del>	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing  I hereby accept the appointment as registered agen  comply with the provisions of all statutes relative to	t and agree to act in	this capacity. I further agree to
am familiar with and accept the obligations of my p		d agent.

<u>Title</u>	<u>Name</u>	Address	Type of Action
_HR_	Rugert L. WUNTER	LUCK 6907 ARBUR CO	Add Add
		CHARLOTTE, NC Z	Remove
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ted partners This Limited This Limited	d partnership or limited liabiliship" status, enter change here I Partnership hereby elects to be I Partnership hereby removes its or removing" limited liability limited	a "Limited Liability Limites s "Limited Liability Limited	d Partnership."  Partnership" status.  partners must sign this an
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Filing Fee: \$52.50
Certified Copy (optional): \$52.50
Certificate of Status (optional): \$8.75

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SECRETARY OF STATE
SECRETARY OF STATE