## A970001429

(Requestor's Name)		
(Address)		
(Address)		
(,		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
,		
Cartification of Status		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		





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SECRETARY OF STATE FALLAHASSEE, FLORIDA

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## **COVER LETTER**

TO: Registration				,
	Corporations	. 1		t.
SUBJECT:	JAEGE	EX FAMI	1/ 6/MI	TED DARTNERSHI
(Na	me of Florida Limited Par	tnership or Limited Liabilit	y Limited Partnership)	DADINERSHI)
		nd fee(s) are submitted	/	7)/(/
Please return all corr	espondence concernit	ng this matter to:		
Don	ALD C.	JAEGER		
	(Contact Person)			
				9
1	(Firm/Company)			ESC 苦
31/ F-M	ORSE BA	40D UNIT	t-5	超2四
	(Address)	· · · · · · · · · · · · · · · · · · ·		麗"四
W/INTER	DARK	K/ 32	189	开公 至
WINIE	City. State and Zip Code)		707	FI ST DE
,	eny, suite una Esp code,			33.5
For further informati	on concerning this ma	atter inlease call:		) <del>**</del>
		-	118 727	
LONALD C	- SAEGER	at ( 40 / )	110-127.	7
(Name of Cont	act Person)	(Area Code and D	aytime Telephone Number	)
Enclosed is a check	for the following amo	unt:		
\$52.50 Filing Fee	□\$61.25 Filing Fee	□\$105.00 Filing Fee	■\$113.75 Filing Fee,	
	and Certificate of Status	and Certified Copy	Certified Copy, and Certificate of Status	**************************************
STREET ADDRES	S:	MAILING A	ADDRESS:	
Registration Section		Registration Section		
Division of Corporations		Division of Corporations		
Clifton Building	ton Cirolo	P. O. Box 63		
2661 Executive Cent	ier Circie	Tallahassee,	FL 32314	

Tallahassee, FL 32301

## CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP

	Or		A
SAEGER FA	MILY	CIMITED	PARTN
(Insert name currently on file	with Florida Depa	artment of State)	
Pursuant to the provisions of section 620.1202, Flo	rida Statutes tl	nis Florida limited parts	nershin or
limited liability limited partnership, whose certifica	ate was filed wind da document n	th the Florida Departmumber A 97 00	ent of State on
adopts the following certificate of amendment to its	s certificate of	limited partnership.	
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the lin</u> here:	nited partnershi	p or limited liability lim	nited pantnership AY 22
(New name must be distinguishal	ble and contain a	n acceptable suffix.)	
Acceptable Limited Partnership suffixes: Limited Partnership Acceptable Limited Liability Limited Partnership suffixes: Li			or LLLP.
B. If amending mailing address and/or principa principal office address here:	al office addre	ss, enter new mailing :	address and or
New Principal Office Address:			
(Must be STREET address)			
· · · · · · · · · · · · · · · · · · ·			
New Mailing Address: (May be post office box)			
-		<del></del>	
C. If amending the registered agent and/or register		s on our records, <u>enter</u>	the name of the
new registered agent and/or the new registered office	address here:		
Name of New Registered Agent:			
New Registered Office Address:	/27 . ***		<del></del>
	(Enter F	lorida street address)	
		- Florida	

(City)

(Zip Code)

## 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
GEN. PART	JAZGER FAMILY CORP	31/ E. MORSE BU	
PRES	DOWALD C.	31 E MASG F	
<del></del>	·	WINTER PARI	Add Remove

- E. If the limited partnership or limited liability limited partnership is amending its "limited liability limited partnership" status, enter change here:
- 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 information,	enter change(s) here: (Attach additional sheets, if necessary.)
<u> </u>	
Effective date, if other than the date o	f filing: an 90 days after the date this document is filed by the Florida Department of
(Effective date cannot be prior to nor more in State.)	un 90 aays after the date this document is fited by the Florida Department of
Signature(s) of a general partner or	all general partners*:
	s required to sign this document unless the limited partnership is adding or nip" election statement. Chapter 620, F.S., requires all general partners to sign limited partnership" election statement.)
	AV 22 AM IO. E
·	
<del></del>	——————————————————————————————————————
	<u> </u>
Signature(s) of all news or dissociation	ng general partner(s) if any
Dung Day	A A A A A A A A A A A A A A A A A A A
DAULE GALLE	Nebelen - JAKOZR
——————————————————————————————————————	- FAMICY ZIMITED
	2.50
• • • •	<b>2.50</b>