## A-57 0000 01474

| (Requestor's Name)                      |                                               |  |  |  |
|-----------------------------------------|-----------------------------------------------|--|--|--|
| (Address)                               |                                               |  |  |  |
| lress)                                  |                                               |  |  |  |
| /State/Zip/Phon                         | e #)                                          |  |  |  |
| ☐ WAIT                                  | MAIL                                          |  |  |  |
| iness Entity Na                         | me)                                           |  |  |  |
| (Document Number)                       |                                               |  |  |  |
| Certificate                             | s of Status                                   |  |  |  |
| Special Instructions to Filing Officer: |                                               |  |  |  |
|                                         |                                               |  |  |  |
|                                         |                                               |  |  |  |
|                                         |                                               |  |  |  |
|                                         | ress)  /State/Zip/Phon  WAIT  iness Entity Na |  |  |  |

Office Use Only



300262292343

10/07/14--01027--013 \*\*113.75



LEMENTS APR 21 2015

## COVER LETTER

| TO: Registration Section Division of Corporations  |                                                                                   |  |
|----------------------------------------------------|-----------------------------------------------------------------------------------|--|
| •                                                  | loon Fostono de col TD                                                            |  |
| SUBJECT:   hac                                     | ker Enterprises LTD                                                               |  |
| Name of Florida Limited Pa                         | artnership or Limited Liability Limited Partnership                               |  |
| The enclosed Certificate of Amendment a            | and fee(s) are submitted for filing.                                              |  |
| Please return all correspondence concerni          | ng this matter to:                                                                |  |
| Margaret De C Brasingt                             | on                                                                                |  |
| Contact Person                                     |                                                                                   |  |
| Thancker Enterprises L                             | TD                                                                                |  |
| Firm/Company                                       |                                                                                   |  |
| 3109 Grand Avenue                                  | H 336                                                                             |  |
| Address                                            |                                                                                   |  |
|                                                    |                                                                                   |  |
| Coconut Grove FI 3313                              | 33                                                                                |  |
| City, State and Zip Code                           |                                                                                   |  |
| Cantillonsb@aol.com                                | l e e e e e e e e e e e e e e e e e e e                                           |  |
| E-mail address: (to be used for future annual      | report notification)                                                              |  |
| For further information concerning this ma         | atter, please call:                                                               |  |
| Margaret De C Brasington                           | at ( 305 ) 525-7005                                                               |  |
| Name of Contact Person                             | Area Code and Daytime Telephone Number                                            |  |
| Enclosed is a check for the following amo          | unt:                                                                              |  |
| \$52.50 Filing Fee and Certificate of Status       | \$105.00 Filing Fee \$113.75 Filing Fee, and Certified Copy Certificate of Status |  |
| STREET ADDRESS:                                    | MAILING ADDRESS:                                                                  |  |
| Registration Section                               |                                                                                   |  |
| Division of Corporations                           | ision of Corporations Division of Corporations                                    |  |
| Clifton Building                                   |                                                                                   |  |
| 2661 Executive Center Circle Tallahassee, FL 32301 | Tallahassee, FL 32314                                                             |  |
| iananaccee Hi 4/4UI                                |                                                                                   |  |

FAY 305-598-3766 A(1): HARVLY

## CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

| Thack                                                                                                                                                         | ker Enterprises LT                                                                   | D                                  |                                 |                                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|------------------------------------|---------------------------------|------------------------------------------|
|                                                                                                                                                               | y on file with Florida Depar                                                         |                                    | <u> </u>                        |                                          |
| Pursuant to the provisions of section 620.12 limited liability limited partnership, whose of 6/27/1997, assigne adopts the following certificate of amendment | certificate was filed wited Florida document nu                                      | h the Florida De<br>mber <u>A9</u> | partment of State<br>7000001434 | on<br>,                                  |
| This amendment is submitted to amend the follow                                                                                                               | wing:                                                                                |                                    |                                 |                                          |
| A. If amending name, enter the new name of here:                                                                                                              | f the limited partnership                                                            | or limited liabil                  | ity limited partner             | rship                                    |
| Margar                                                                                                                                                        | et De C Brasingto                                                                    | n utd                              |                                 | _                                        |
| New name must be disti                                                                                                                                        | inguishable and contain an                                                           | acceptable suffix.                 |                                 |                                          |
| Acceptable Limited Partnership suffixes: Limited Par<br>Acceptable Limited Liability Limited Partnership suf                                                  |                                                                                      |                                    | L.L.P. or LLLP.                 |                                          |
| B. If amending mailing address and/or p principal office address here:                                                                                        | rincipal office addres                                                               | s, <u>enter new ma</u>             | iling address and               | <u>d/or</u>                              |
| New Principal Office Address                                                                                                                                  | s: 3109 Grand A                                                                      | venue <sup>♯</sup> 330             |                                 |                                          |
| (Must be STREET address)                                                                                                                                      | Coconut Grove                                                                        |                                    | APR                             | د در |
| New Mailing Address: (May be post office box)                                                                                                                 | 3109 Grand A<br>Coconut Grov                                                         |                                    | 3(1)                            | and a second                             |
| C. If amending the registered agent and/or new registered agent and/or the new registered                                                                     |                                                                                      | s on our records,                  | enter the name o                | f the                                    |
| Name of New Registered Agent:                                                                                                                                 | Margaret De C Brasii                                                                 | ngton                              |                                 |                                          |
| New Registered Office Address:                                                                                                                                | New Registered Office Address: 3109 Grand Avenue 433 C  Enter Florida street address |                                    | <del></del>                     |                                          |
|                                                                                                                                                               | Coconut Grove                                                                        |                                    | 33133                           |                                          |
| -                                                                                                                                                             | City                                                                                 | , 1 101100                         | 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> | <u>Name</u>            | Address                                      | Type of Action                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|--------------|------------------------|----------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|              | York Can Corp          | 3443 N Moorings Way<br>Miami Fl 33133        | _ Add<br>✓ Remove                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|              | Margaret DeC Brasingta | 3109 Grand Avenue<br>Coconut Grove, FI 33133 | Add<br>Remove                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|              |                        |                                              | □ Adel Scale Adel Adel Scale Adel Scale Adel Scale Adel Adel Adel Adel Adel Adel Adel Ad |
|              |                        |                                              | APR - 7 AM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|              |                        |                                              | Add co                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|              |                        |                                              | 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 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.)   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|
|                                                                                                                                                            |                                             |
|                                                                                                                                                            |                                             |
|                                                                                                                                                            |                                             |
|                                                                                                                                                            |                                             |
|                                                                                                                                                            |                                             |
| Effective date, if other than the date of filing:                                                                                                          |                                             |
| (Effective date cannot be prior to nor more than 90 days after the date this e<br>State.)                                                                  | document is filed by the Florida Department |
| siale.)                                                                                                                                                    |                                             |
|                                                                                                                                                            |                                             |
| Signature(s) of a general partner or all general partners*:                                                                                                |                                             |
| (*NOTE: Only one current general partner is required to sign this documen                                                                                  |                                             |
| removing a "limited liability limited partnership" election statement. Chaptowhen adding or removing a "limited liability limited partnership" election st |                                             |
|                                                                                                                                                            | ····,                                       |
| margartile Sient                                                                                                                                           |                                             |
| Margaret de C. Brengt                                                                                                                                      |                                             |
| Margart del. Meny                                                                                                                                          | \$\tag{8}                                   |
|                                                                                                                                                            | <u> </u>                                    |
|                                                                                                                                                            | APR TH                                      |
|                                                                                                                                                            |                                             |
| Signature(s) of all new or dissociating general partner(s), if                                                                                             | any:                                        |
|                                                                                                                                                            | 5 9: T                                      |
|                                                                                                                                                            | <u> </u>                                    |
|                                                                                                                                                            |                                             |
|                                                                                                                                                            |                                             |
|                                                                                                                                                            |                                             |
|                                                                                                                                                            |                                             |
|                                                                                                                                                            |                                             |
| Filing Fee: \$52.50                                                                                                                                        |                                             |
| Certified Copy (optional): \$52.50                                                                                                                         |                                             |
| Certificate of Status (optional): \$8.75                                                                                                                   |                                             |