

A 9700002507

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(Address)

(Address)

(City/State/Zip/Phone #)

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DIVISION OF CORPORATIONS  
10 SEP 28 AM 10:55

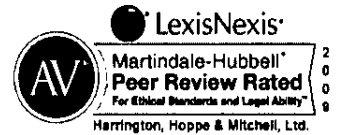
B. KOHR

SEP 30 2010

EXAMINER



HARRINGTON,  
HOPPE &  
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Legal Solutions for Business and Life

September 27, 2010

*Sent via Federal Express*

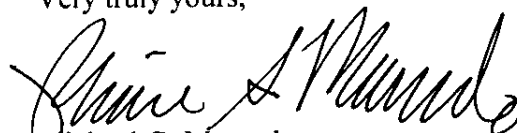
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Re: Certificate of Amendment  
Covelli Family Limited Partnership

Dear Madam:

Enclosed is a fully executed original of this Certificate of Amendment to Certificate of Limited Partnership of The Covelli Family Limited Partnership along with a check in the amount of the filing fee of \$52.50.

Very truly yours,

  
Michael G. Marando

MGM:ks  
Enclosure

**FedEx Tracking # 8723 6211 2530**

10 SEP 28 2010  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL 32301  
John L. Pogue  
W. C. Galt, Jr.  
Paul M. Dutton  
Michael G. Marando  
James J. Blomstrom  
Frederick S. Coombs, III  
Ralph A. Beard  
Alan D. Wenger  
William L. Hawley  
Thomas G. Carey, Jr.  
John T. Dellick  
Kevin P. Murphy  
Shirley J. Christian  
Neil H. Maxwell  
Martin J. Boetcher  
Patrick K. Wilson  
Neil D. Schor  
Shawna L. L'Italien  
Michael J. McGee  
J. Bradley Allison  
Deborah A. Kaufmann  
Christopher J. Baronzzi  
Carmen V. Codjoe  
Matthew G. Vansuch  
Jess T. Enyeart

Of Counsel:  
Harry R. Conn  
Bruce Birrell

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** The Covelli Family Limited Partnership  
Name of Florida Limited Partnership 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:

Michael G. Marando

Contact Person

Harrington, Hoppe & Mitchell, Ltd

Firm/Company

108 Main Ave, SW, Suite 500

Address

Warren, Ohio 44481

City, State and Zip Code

Bob.Fiorino@Covelli.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael G. Marando

Name of Contact Person

at ( 330 )

392-1541

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  
and Certified Copy

☐ \$113.75 Filing Fee,  
Certified Copy, and  
Certificate of Status

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 SEP 28 AM 10:55

CERTIFICATE OF AMENDMENT  
TO  
CERTIFICATE OF LIMITED PARTNERSHIP  
OF

The Covelli Family Limited Partnership

Insert name currently on file with Florida Department of State

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 SEP 28 AM 10:55

Pursuant to the provisions of section 620.1202, Florida Statutes, this Florida limited partnership or limited liability limited partnership, whose certificate was filed with the Florida Department of State on November 17, 1997, assigned Florida document number A97000002507, adopts the following certificate of amendment to its certificate of limited partnership.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited partnership or limited liability limited partnership here:**

\_\_\_\_\_  
New name must be distinguishable and contain an acceptable suffix.

*Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.*

*Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.*

**B. If amending mailing address and/or principal office address, enter new mailing address and/or principal office address here:**

New Principal Office Address:

*(Must be STREET address)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

New Mailing Address:

*(May be post office box)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**C. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

\_\_\_\_\_

New Registered Office Address:

\_\_\_\_\_

*Enter Florida 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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____ _____ _____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____ _____ _____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____ _____ _____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____ _____ _____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____ _____ _____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____ _____ _____	<input type="checkbox"/> Add <input type="checkbox"/> 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.)*

The Term for which the Partnership is to exist is amended from 13 years 8 months with the latest dissolution date of December 31, 2010, to Perpetual Existence.

Effective date, if other than the date of filing: \_\_\_\_\_  
(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

**Signature(s) of a general partner or all general partners\*:**

(\*NOTE: Only one current general partner is required to sign this document unless the limited partnership is adding or removing a "limited liability limited partnership" election statement. Chapter 620, F.S., requires all general partners to sign when adding or removing a "limited liability limited partnership" election statement.)

THE A. M. COVELLI COMPANY, INC (P97000065339)

  
BY ALBERT M. COVELLI, PRESIDENT

**Signature(s) of all new or dissociating general partner(s), if any:**

Filing Fee: \$52.50  
Certified Copy (optional): \$52.50  
Certificate of Status (optional): \$8.75