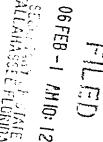
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00789 - 00524-00le7	1 file amend to efect LLL due to law change
(Requestor's Name) (Address)	
(Address)	200065150742
(City/State/Zip/Phone #) PICK-UP WAIT MAIL	
(Business Eatity Name)	02/24/0601062001 **27.50 02/03/0601030024 **86.25
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer: FL LP amended Ho	7.
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FLORIDA DEPARTMENT OF STATE Division of Corporations

February 15, 2006

KELLY B. CONE WILLIAMS, SCHIFINO, MANGIONE & STEADY, P P.O. BOX 380 TAMPA, FL 33601-0380

SUBJECT: BOPP ENTERPRISES, LTD.

Ref. Number: A98000000943

We have received your document for BOPP ENTERPRISES, LTD. and your check(s) totaling \$86.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

Due to recent law changes you must complete the attached amendment stating that you elect to be an LLLP, the statement of qualification form is no longer filed.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Letter Number: 406A00010910

Michelle Hodges Document Specialist

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

COVER LETTER

TO: Registration Section Division of Corporations	and the second of the second o
- -	erprises LLLP or Limited Liability Limited Partnership)
(Name of Florida Limited Partnership	or Limited Liability Limited Partnership)
The enclosed Certificate of Amendment and	d fee(s) are submitted for filing.
Please return all correspondence concerning	g this matter to:
Helly B. Cone, (Contact Person) Williams Schifing, Man (Firm/Company)	Esq.
(Contact Person)	eine & Steady P.A.
(Firm/Company)	3, 2, 3,
P.O. BOX 390 (Address)	
Tampa F1 3500 (City, State and Zip Code)	>\
(City, State and Zip Code)	
For further information concerning this mat	ter, please call:
Lella Cone	at 813, 221-2626
(Name of Contact Person)	at (813) ZZI-Z6Z6 (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 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 32314

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

Doop Ente	uprises Utd.	
(Insert name current)	tly on file with Florida Department of State)	, ,
FIRST: Amendment(s): (Indicate i	information being amended, added, or deleted)	
- to change the	name and type of	-
partnership from	. Dopp Enterprises, Ltd.	- -
to Bupp Enterpri	ises, L.L.C.P.	• • • • • • • • • • • • • • • • • • •
-Amendment	and election	
	<u> </u>	_ = 1 1 4
SECOND: Effective date, if other	than the date of filing: February 1, 2006	
(Effective date cannot be prior to nor more Department of State.)	re 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	_
Mocabao, LLC		_
266	-	
By: Herry E. Be	\$ P.S.	- 06
Ite: Mandanging		五
Signature(s) of new or dissociating	general partner(s), it any:	w []
Filing Fee:	\$52.50	3 8
Certified Copy (optional):	\$52.50 \(\begin{array}{c} \begin{array}{c} \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	
Certificate of Status (optional):	\$8.75	V