H9800001008

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

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FLORIDA DEPARTMENT OF STATE Division of Corporations

December 16, 2014

ELLIOT P.BORKSON, ESQ. ELLIOT P. BORKSON, P.A. 1313 S. ANDREWS AVE. FORT LAUDERDALE, FL 33316

SUBJECT: ALDARO, LTD. Ref. Number: A98000001008

We have received your document for ALDARO, LTD. and your check(s) totaling \$180.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

The fee to file your document is \$52.50. An additional \$52.50 is due for each certified copy requested and an additional \$8.75 is due for each certificate of status requested.

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) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 614A00026555

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: ALDARO, LTD.
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:
Elliot P. Borkson, Esq.
Contact Person
Elliot P. Borkson, P.A.
Fim/Company
10 10 0. Windigwa Waling
Address
Fort Lauderdale, FL 33316
City, State and Zip Code
ellpremo@hotmail.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Elliot P. Borkson, Esq. at (954) 462-6360
Name of Contact Person Area Code and Daytime Telephone Number
Enclosed is a check for the following amount:
\$52.50 Filing Fee S61.25 Filing Fee and Certificate of Status S105.00 Filing Fee 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

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

	•	OF	
	ALD	ARO, LTD.	
		le with Florida Department of State	
limited liab 04/2	pility limited partnership, whose certification	lorida Statutes, this Florida limited partnership or loate was filed with the Florida Department of State document number A9800001008 its certificate of limited partnership.	te on
This amends	ment is submitted to amend the following:		
A. If amen <u>here</u> :	ding name, <u>enter the new name of the</u>	imited partnership or limited liability limited partn	ership
<u> </u>	New name must be distinguis	hable and contain an acceptable suffix.	
Acceptable L B. If amei		hip, Limited, L.P., LP, or Ltd. Limited Liability Limited Partnership, L.L.L.P. or LLLP. pal office address, enter new mailing address a	ud/or
	New Principal Office Address:	1571 N. Powerline Road	
	(Musi be STREET address)	Pompano Beach, FL 33069	Ö
	New Mailing Address:	1571 N. Powerline Road	
	(May be post office box)	Pompano Beach, FL 33069	•
new registe	red agent and/or the new registered office of New Registered Agent:	ered office address on our records, enter the name ce address here:	of the
New I	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>	Address	Type of Action							
<u> </u>			Add Remove							
			Add Remove							
			Add Remove							
			Add Remove							
			Add Remove							
,			AddRemove							
	l partnership or limited liabili hip" status, enter change here:	ty limited partnership is a	amending its "limited liability							
This Limite	ed Partnership hereby elects to b	e a "Limited Liability Limit	ed Partnership."							
This Limite	ed Partnership hereby removes it	s "Limited Liability Limite	d Partnership" status.							
(NOTE: If adding a	or removing" limited liability limited p	oartnership" status, all general	partners must sign this amendment.)							

F. If amending any other info	rmation, enter change	(s) here: (Attach ad	dditional she	ets, if ne	cessary.)
Amend the Address of	of the General Part	ner:			
INITIAL FIVE CORP					
1571 N. POWERLI	NE ROAD				
POMPANO BEAC	CH, FL 33069				
		<u></u>			
Effective date, if other than the da (Effective date cannot be prior to nor mo State.)		date this document is	filed by the F	Torida D	epartment of
Signature(s) of a general partner	er or all general part	ners*:	. بي س		
(*NOTE: Only one current general parts removing a "limited liability limited parts when adding or removing a "limited liability limited li	mership" election statemen	nt. Chapter 620, F.S.			
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/'			الآلي	015	-
			<u> </u>	<u></u>	(Process
Signature(s) of all new or dissoc	iating general partn	er(s), if any:); 	3 P 2: 3	
					 —. — — —
				<u></u> .	
Filing Fee: Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$52.50 \$8.75				