Division of Corporations **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H10000034877 3)))



H100000348773ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : BROAD AND CASSEL (ORLANDO)

Account Number : I19980000090

: (407)839-4200

Phone Fax Number

: (407)839-4264

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

LP/LLLP AMENDMENT/RESTATEMENT/CORRECTION OETJEN FAMILY, LTD.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$52.50

EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help



390 NORTH ORANGE AVENUE SHIEL 1400 ORLANDO, FLORIDA 32801 P.O. BOX 4961 (32802-4961) TELEPHONE: 407.839.4200 FACSIMII II: 407 425.8377 www.broadandcassel.com

TELECOPIER TRANSMITTAL

DATE:

Tuesday, February 16, 2010 1:57:20 PM

To:

Division of Corporations

ADDRESS:

TELECOPIER PHONE NO.:

1-850-617-6383

CONFIRMATION PHONE NO.:

FROM:

HELEN BROCK FORD, PARALEGAL

TOTAL NUMBER OF PAGES:

05 (including cover)

CLIENT AND MATTER:

36037-0002

MESSAGE:

PLEASE NOTIFY US IMMEDIATELY IF ALL PAGES WERE NOT RECEIVED AT 407.839,4200

FAX OPERATOR: FIRST ATTEMPT: SECOND ATTEMPT:

THE INFORMATION CONTAINED IN THIS TRANSMISSION IS ATTORNEY-CLIENT PRIVILEGED AND CONFIDENTIAL. IT IS INTENDED FOR THE USE OF THE INDIVIDUAL OR ENTITY NAMED ABOVE. IF THE READER OF THIS IS NOT THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION OR COPY OF THIS COMMUNICATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE IMMEDIATELY NOTIFY US BY TELEPHONE AND RETURN THE ORIGINAL MESSAGE TO US AT THE ABOVE ADDRESS VIA THE U.S. POSTAL SERVICE, THANK YOU.

(H10000034877 3)

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP

. •		OF	·			
C	etje <u>n</u>	Family, LTD.				
Insert name curre	ntly on f	ile with Florida Deputt	ent of State			
Pursuant to the provisions of section 620. limited liability limited partnership, whose June 22, 1998, assig	e certif	icate was filed with	the Florida D		of State	ao
adopts the following certificate of amend				hip. ≧cs		_
This amendment is submitted to amend the fol	llowing:			CRES	O FEB	7
A. If amending name, enter the new name	of the	limited partnership (r limited liab	ility lightfed	DATTACK	ship
<u>here</u> :				E FL	PH	m
New name must be d	istinguis	hable and contain an acc	eptable suffix.	SA.	7.	
Acceptable Limited Partnership suffixes: Limited Acceptable Limited Liability Limited Partnership				L.L.P. or LL	သ မာ.	
B. If amending mailing address and/or principal office address here:	princi	pal office address,	enter new m	ailing addr	ess and	or/
New Principal Office Addre	88:	3800 Delaney S	treet			
(Must be STREET address)		Orlando, Florida	32806		_ _	
New Mailing Address: (May be post office box)		3600 Delaney Si Orlando, Florida				
C. If amending the registered agent and/onew registered agent and/or the new register			n our records	, enter the r	name of	<u>the</u>
Name of New Registered Agent:	Lisa C	D. Shackelford	-		_	
New Registered Office Address:	Delaney Street			_		
•		Enter Florid	a street addres	3		
		Orlando	, Florida _	32806	_	
		City	2	Zip Code		

(H10000034877 3)

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), <u>enter the</u>	name and business	address of each	general partner	<u>being</u>
ado	<u>ed or removed from our r</u>	ecords:				

<u>Title</u>	<u>Name</u>	Address	Type of Action
	Leroy Oetien Jr. Trustee	1300 Sweetbriar Road Orlando, Florida 32806	Type of Action 2010 FEB 7
	Alma B. Oetjen, Trustee	1300 Sweetbriar Road Orlando, Florida 32806	
	·		_ Add _ Remove
			Add Remove
			Add Remove
	- <u>-</u>		
			_

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 Partners
--

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.)

(H10000034877 3)

F. If amending any other info	ormation, enter cha	unge(s) here: (Attach additional :	sheets, if necessary.)
	······································		
,			
			
77 CF - 11			
Effective date, if other than the di (Effective date cannot be prior to nor me	ate of ming: ore than 90 days after	the date this document is filed by th	e Florida Department of
State.)	or o man o o days ayan		A≥
			F. 6
Clampton of a general mouths	w ar all canoral n	artmaret.	≥ ∞
Signature(s) of a general partne	<u>ar or am general d</u>	Altuers:	is in the second
(*NOTE: Only one current general par-	tner is required to sign	this document unless the limited p	artnership is adding or
removing a "limited liability limited par	tnership" election stat	ement. Chapter 620, F.S., requires a	ill general partners to gign
when adding or removing a "limited liah	oility limited partnersh	ip" election statement.)	52 -
0 40			
1 1/12-7)
knoy 10: Vagen, Is	and a		
Raine B Poller	Mustan		
Comment of the state of the sta	- Ilman		
Yui (). Sharkelland	Thutes		•
The state of the s	13400		·
Signature(s) of all new or dissoc	iating general pa	rtner(s), if any:	
			•
			
	454.50		
Filing Fee:	\$52.50		
Certified Copy (optional):	\$52.50		