## #A98000001876

(Re	equestor's Name)	
(Ad	Idress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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04/03/12--01003--004 \*\*17.50

03/02/12--01006--011 \*\*35.00

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12 HAR 30 PH 3: 02
SECRE LARY OF STATE
SECRE LARY OF STATE

K. SALY EXAMINER

APR 2 2012



March 7, 2012

KNARF 1489, LTD FRANK L RUBIN 5455 N FEDERAL HWY, STE. P BOCA RATON, FL 33487

SUBJECT: KNARF 1489, LTD. Ref. Number: A98000001876

We have received your document for KNARF 1489, LTD. and your check(s) totaling \$35.00. 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.

If you have any questions concerning the filing of your document, please call (850) 245-6870.

Karen A Saly Regulatory Specialist II

Letter Number: 312A00008748

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Knarf 1489, LTD	ip or Limited Liability Limited Partnership
The enclosed Certificate of Amendment and fee	e(s) are submitted for filing.
Please return all correspondence concerning this	s matter to:
Frank Rubin Contact Person Knarf 1489, LTD Firm/Company	
5455 N. Federal Hwy	, Suito P
Boca Raton, FL 3348 City, State and Zip Code	<del>57</del>
Frank d'Ameri Vest Group E-mail address: (to be used for future annual report	D. Com notification)
For further information concerning this matter, p	please call:
Frank Rubin at (	Scol 239-0008  Area Code and Daytime Telephone Number
Enclosed is a check for the following amount:	
	Certified Copy  Certified Copy  S113.75 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

## CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

FILED'

12 MAR 30 PM 3: 02

SECRETARY OF STATE
FALLAHASSEE, FLORIDA'

Knarf 1489, LTD

Insert name currently on file with Florida Department of State

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					
This amendment is submitted to amend the following	• •				
5	limited partnership or limited liability limited partnership				
New name must be distinguis	shable and contain an acceptable suffix.				
Acceptable Limited Partnership suffixes: Limited Partner. Acceptable Limited Liability Limited Partnership suffixes.	ship, Limited, L.P., LP, or Ltd. : Limited Liability Limited Partnership, L.L.L.P. or LLLP.				
B. If amending mailing address and/or princ principal office address here:	ipal office address, enter new mailing address and/or				
New Principal Office Address: (Must be STREET address)	5455 N. Federal Hwy. Suite P Boca Raton, FL 33487				
New Mailing Address: (May be post office box)	5455 N. Federal Hwy. Suite P Boon Ration . FL 33487				
C. If amending the registered agent and/or regisnew registered agent and/or the new registered offi	tered office address on our records, enter the name of the ice address here:				
Name of New Registered Agent:					
New Registered Office Address: 54	55 N. Federal Hwy Suite P Enter Florida street address				
Pro	Ca Ration Florida 33487				

City

Zip Code

		s of my position as registered agent.		
mending	the general nartner(s), en	If Changing Registered Age	nt, Signature of New Registere	
	ed from our records:  Name	Address	Type of Action	
	West State Co.		Add Remove	
		/	Add Remove	
			Add Remove	
	/		Add Remove	
<del></del>	_/		Add Remove	
	/	**************************************	Add Remove	
/			L_IXCINOVC	

Page 2 of 3

(NOTE: If adding or removing" limited liability limited partnership" status, all general partners must sign this amendment.)

F. If amending any other inf	ormation,	enter change(s	s) here: (Attach additional sheets, if necessary.)
			· · · · · · · · · · · · · · · · · · ·
	. 6.61		
Effective date, if other than the date (Effective date cannot be prior to nor me State.)	ate of filin ore than 90	ng: days after the d	ate this document is filed by the Florida Department of
/ \Signature(s) of a general partne	er or all g	eneral partn	ers*:
(*NOTE: Only one current general par removing a "limited liability limited par when adding or removing a "limited liab	tnership" el	ection statement	document unless the limited partnership is adding or Chapter 620, F.S., requires all general partners to sign ection statement.)
The sin			
	<del>-</del> ·		
	- · · · ·		<del></del>
Signature(s) of all new or dissoc	iating ge	neral partne	r(s), if any:
Filing Fee: Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$52.50 \$8.75		