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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Sandy Jalm Family 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:
Theodore Lement (Contact Person) (Firm/Company) P.O. Box 7362 (Address) - mailing only
(Firm/Company) P.O. Box 7362
P.O. Box 7362 (Address) - mailing only
NORTH PORT, FLOV: La 3428 6 (City, State and Zip Code)
For further information concerning this matter, please call:
Theodore Lemek, at (941) 426-558 (Name of Contact Person) (Area Code and Daytime Telephone Number)
Enclosed is a check for the following amount:
\$52.50 Filing Fee S105.00 Filing Fee and Certificate of and Certified Copy 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

JANJY Keln	Family Limited Ertweship ly on file with Plorida Department of State)
•	•
partnership or limited liability limite	n 620.1202, Florida Statutes, this Florida limited ed partnership, whose certificate was filed with the effective of limited partnership.
FIRST: Amendment(s): (Indicate i	information being amended, added, or deleted)
Rathleen Lemek PARTNER	dissociates as General!
	2
	than the date of filing: Feb 37, 2006. than 90 days after the date this document is filed by the Florida
Department of State.)	
Signature(s) of a general partner(s)* (*Note: If adding or deleting an election to partners must sign the amendment.)	t: o be a limited liability limited partnership statement, all general
Though Sank	Kathleen Demil
Signature(s) of new or dissociating	general partner(s), if any:
Filing Fee: Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$52.50 \$8.75