

A98000002204

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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500185150775  
09/10/10--01041--021 \*\*25.00

09/29/10--01020--023 \*\*27.50

FILED  
2010 SEP 28 PM 3:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C. LEWIS

SEP 13 2010

EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 13, 2010

ALAN E. GREENFIELD, ESQ.  
ALAN E. GREENFIELD, P.A.  
P.O. BOX 801706  
AVENTURA, FL 33280-1706

SUBJECT: KEMO SABE, LTD.  
Ref. Number: A98000002204

We have received your document for KEMO SABE, LTD. and check(s) totaling \$25.00 of which \$25.00 has been designated to file this document. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is an additional amount of \$27.50 due. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

The form you submitted is for a general partnership, but your entity is a limited partnership. Please complete and return the enclosed blank form(s).

Please return the corrected original and one copy of 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) 245-6047.

Carolyn Lewis  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 110A00021699

LAW OFFICES  
**ALAN E.  
GREENFIELD,** A Professional Association

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Alan E. Greenfield, Esq.  
Alyson E. Greenfield, Esq.  
Christopher B. Greenfield, Esq.  

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Roy R. Lustig, Esq.  
Of Counsel

Reply to:  
P.O. Box 801706  
Aventura, FL 33280-1706  
Tel. (305) 557-2286  
Fax (305) 557-3484  
Direct Fax: (866) 674-8850  
E-Mail: AEGlawyer@aol.com

1 S.E. 3rd Avenue  
Suntrust Int'l Centre  
Suite 1210  
Miami, FL 33131-1708  
Tel. (305) 371-4213  
Fax (305) 371-4259

September 24, 2010

Ms. Carolyn Lewis  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Re: Kemo Sabe, Ltd.  
Letter Number: 110A00021699

Dear Ms. Lewis:

Thank you for your letter of September 13, 2010. I am enclosing a copy of that letter, as you requested.

The forms which you provided for use of by a limited partnership have been completed and are enclosed for your approval and filing. Also, I am enclosing a check in the additional sum of \$27.50 which you had requested.

Thank you very much for your assistance.

Sincerely,



ALAN E. GREENFIELD

encls: (as stated)

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** KEMO SABE, 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:

Alan E. Greenfield, Esq.

Contact Person

Alan E. Greenfield, P.A.

Firm/Company

P.O. Box 801706

Address

Aventura, FL 33280-1706

City, State and Zip Code

aeglwyer@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alan E. Greenfield, Esq.

Name of Contact Person

at ( 305 ) 557-2286 x 27

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

☐ \$113.75 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

KEMO SABE, LTD.

Insert name currently on file with Florida Department of State

FILED

2010 SEP 28 PM 3:21

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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 9/22/98, assigned Florida document number A98000002204, adopts the following certificate of amendment to its certificate of limited partnership.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited partnership or limited liability limited partnership here:**

N/A

New name must be distinguishable and contain an acceptable suffix.

*Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.*

*Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.*

**B. If amending mailing address and/or principal office address, enter new mailing address and/or principal office address here:**

New Principal Office Address:  
(Must be STREET address)

N/A

New Mailing Address:  
(May be post office box)

N/A

**C. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

N/A

New Registered Office Address:

One SE Third Avenue, Suite 1210

*Enter Florida street address*

Aventura

City

, Florida 33131

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>	<u>Address</u>	<u>Type of Action</u>
_____	N/A	_____ _____ _____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____ _____ _____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____ _____ _____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____ _____ _____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____ _____ _____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____ _____ _____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

**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 Partnership."
- ☐ 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.)*

F. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Change the FEI/EIN # from 65-0858608 to 59-2359956

Effective date, if other than the date of filing: \_\_\_\_\_

*(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)*

**Signature(s) of a general partner or all general partners\*:**

(\*NOTE: Only one current general partner is required to sign this document unless the limited partnership is adding or removing a "limited liability limited partnership" election statement. Chapter 620, F.S., requires all general partners to sign when adding or removing a "limited liability limited partnership" election statement.)

by THE KEMO SAGE COMPANY  
EDWARD GADINSKY, PRESIDENT

**Signature(s) of all new or dissociating general partner(s), if any:**

Filing Fee: \$52.50  
Certified Copy (optional): \$52.50  
Certificate of Status (optional): \$8.75

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