#198000002393

(Requestor's Name)		
(Address)		
(Address)		
(Cit	ty/State/Zip/Phone	∍ #)
PICK-UP	☐ WAIT	MAIL .
(Bu	siness Entity Nar	ne)
(Document Number)		
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K.SALY EXAMINER APR 3 0 2012



March 30, 2012

H5 PARTNERSHIP, LTD. LLLP MARK HILLARY 605 EAST ROBINSON ST, STE. 300 ORLANDO, FL 32801

SUBJECT: H5 PARTNERSHIP, LTD. LLLP

Ref. Number: A98000002393

We have received your document for H5 PARTNERSHIP, LTD. LLLP and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the dissociating general partner unless the document states the general partner is deceased or a guardian or general conservator has been appointed or the general partner previously filed a Statement of Dissociation with the Florida Department of State.

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

Karen A Saly Regulatory Specialist II

Letter Number: 312A00010689

April 10, 2012

VIA FIRST CLASS, U.S. MAIL

Attn: Karen A. Saly Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: H5 Partnership, LTD. LLLP

Reference No.: A98000002393 Letter Number: 312A00010689

Dear Ms. Saly:

As requested in your correspondence dated March 30, 2012, please find enclosed the signed Certificate of Amendment to Certificate of Limited Partnership of H5 Partnership, LTD. LLLP for filing.

Also, please apply the check in the amount of \$52.50 that was previously sent and not returned, to cover the filing fee of the enclosed Certificate of Amendment to Certificate of Limited Partnership of H5 Partnership, LTD. LLP

Please do not hesitate to contact our office with any questions or concerns that may arise. Thank you.

Sincerely,

Sunny L. Hillary, Esquire

SLH/mcj Enclosure

COVER LETTER

THE THE PARTY OF THE

	ration Section on of Corporations		
SUBJECT:	H5 Pa	artnership, LTD	. LLLP .
-	Name of Florida Limited Pa	artnership or Limited Li	iability Limited Partnership
The enclosed	Certificate of Amendment	and fee(s) are subm	itted for filing.
Please return	all correspondence concern	ing this matter to:	
4 *			
	Mark T. Hillary		
	Contact Person		
• •	Hillary, P.A.	•	
	Firm/Company		
60	05 E. Robinson Street, Sเ	uite 300	
	Address		
	0 l l. El 00004		•
	Orlando, FL 32801 City, State and Zip Code		
	•		. ,
E mail add	mthillary@hotmail.co	M	
. E-man adu	itess. (to be used for future affilia	report notification)	e e e e e e e e e e e e e e e e e e e
est,	C		
For further in	formation concerning this n	ianter, piease caii:	
	Mark T. Hillary	at (<u>352</u>)	267-3278
Name o	of Contact Person	Area Code and	Daytime Telephone Number
Enclosed is a	check for the following amo	ount:	
\$52.50 Filing	Fee S61.25 Filing Fee and Certificate of Status	\$105.00 Filing F and Certified Copy	Certified Copy, and
	Status A	•	Certificate of Status
STREET AD			NG ADDRESS:
Registration S			tion Section
Division of Co			of Corporations
Clifton Buildi	ng ve Center Circle	P. O. Bo Tallahas	ssee, FL 32314
Tallahassee F		i ananas	300, IL 32317

· CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF



Zip Code

	rship, LTD. <u>LLLP</u>	
Insert name currently on f	ile 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 10/20/1998 , assigned Florida document number A98000002393 ,		
adopts the following certificate of amendment to	its certificate of limited partnership.	
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the here</u> :	limited partnership or limited liability limited partnership	
New name must be distinguis	hable and contain an acceptable suffix.	
Acceptable Limited Partnership suffixes: Limited Partners Acceptable Limited Liability Limited Partnership suffixes:		
B. If amending mailing address and/or principal office address here:	pal office address, enter new mailing address and/or	
New Principal Office Address:		
(Must be STREET address)		
New Mailing Address: (May be post office box)		
C. If amending the registered agent and/or regist new registered agent and/or the new registered office.	ered office address on our records, enter the name of the ce address here:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	

City

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent a comply with the provisions of all statutes relative to a m familiar with and accept the obligations of my po	the proper and complete performance of my duties, and I
	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>	Name	Address	Type of Action	
<u>GP</u>	Dennis W. Hillary	619 W. State Road 50 Groveland, FL 34736	Add ✓ Remove	Decogle9 (2/12/11
<u>GP</u>	Gloria S. Hillary	605 E. Robinson Street Suite 300 Orlando, FL 32801	Add Remove	9/10/11
			Add Remove	
	partnership or limited liabilit p" status, enter change here:	y limited partnership is amer	— nding its "limited	l liability

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

This Limited Partnership hereby elects to be a "Limited Liability Limited Partnership."

This Limited Partnership hereby removes its "Limited Liability Limited Partnership" status.

F. If amending any other infor	mation, enter char	ige(s) here: (Attach additional sheets, if necessary.)
Dennis W. Hillary is deceased.		
,		
Effective date, if other than the date (Effective date cannot be prior to nor mor State.)	e of filing: e than 90 days after t	he date this document is filed by the Florida Department of
Signature(s) of a general partner	or all general pa	artners*:
(*NOTE: Only one current general partnermoving a "limited liability limited partnermoving a "limited liability limited l	ership" election state	this document unless the limited partnership is adding or ment. Chapter 620, F.S., requires all general partners to sig p" election statement.)
Gloria S. Xu	llary	General Partner
	0	
Signature(s) of all new or dissocia	ating general nar	tner(s), if any:
Continue of the continue of th	Zuick and Puri	<u></u>
	<u></u>	
		
Filing Foot	CE2 E A	
_	\$52.50 \$52.50 \$8.75	

F. If amending any other information, enter c	change(s) here: (Attach additional sheets, if necessary.)
Effective date, if other than the date of filing: (Effective date cannot be prior to nor more than 90 days aft State.)	ter the date this document is filed by the Florida Department of
Signature(s) of a general partner or all general	partners*:
(*NOTE: Only one current general partner is required to si removing a "limited liability limited partnership" election si when adding or removing a "limited liability limited partnership".	ign this document unless the limited partnership is adding or tatement. Chapter 620, F.S., requires all general partners to sig rship" election statement.)
Signature(s) of all new or dissociating general p	partner(s), if any:
Gloria & Hillory	General Barton
<u> </u>	
	· · · · · · · · · · · · · · · · · · ·
Filing Fee: \$52.50 Certified Copy (optional): \$52.50 Certificate of Status (optional): \$8.75	