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SECRETARY OF STATE

D. BRUCE

NOV 10 2009

EXAMINER

COVER LETTER

, TO: Registration Section Division of Corporations	
SUBJECT:	601 Collins, LTD. LLLP
	Limited Partnership or Limited Liability Limited Partnership
The enclosed Certificate of Ame	ndment and fee(s) are submitted for filing.
Please return all correspondence	concerning this matter to:
Ronnie Mer	
Contact Pe	
601 Collins, L	
Firm/Comp	any
2340 SW 102	2nd Drive
Addres	ECA LA
Davie, FL	33324 EM Q
City, State and	
southbm@bel	Isouth net
E-mail address: (to be used for fur	
	RIDE
For further information concerni	ng this matter, please call:
Ronnie Menashe	at (<u>954</u>) <u>274-1399</u>
Name of Contact Person	Area Code and Daytime Telephone Number
Enclosed is a check for the follow	wing amount:
\$52.50 Filing Fee \$61.25 Fi and Certification Status	
STREET ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P. O. Box 6327
2661 Executive Center Circle Tallahassee, FL 32301	Tallahassee, FL 32314
141141141141141	

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

601 Col	<u>lins, LTD. LLI</u>	_P
Insert name currently on	file with Florida De	partment of State
Pursuant to the provisions of section 620.1202, limited liability limited partnership, whose certing 12/01/1998, assigned F	ficate was filed v	with the Florida Department of State on
adopts the following certificate of amendment t	o its certificate o	f limited partnership.
This amendment is submitted to amend the following	y:	
A. If amending name, <u>enter the new name of the nere</u> :	e limited partners	hip or limited liability limited partnership
New name must be distingui	ishable and contain a	an acceptable suffix.
Acceptable Limited Partnership suffixes: Limited Partner Acceptable Limited Liability Limited Partnership suffixes	rship, Limited, L.P., s: Limited Liability I	LP, or Ltd. .imited Partnership, L.L.L.P. or LLLP.
B. If amending mailing address and/or principal office address here:	cipal office addr	ress, enter new mailing address and/or
New Principal Office Address: (Must be STREET address)		NOV-9
New Mailing Address: (May be post office box)		TO SEE SO
C. If amending the registered agent and/or regined new registered agent and/or the new registered of		ress on our records, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	Enter	Florida street address
		. Florida
	City	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	

D.	If amending the general partner(s)	<u>enter</u>	the name	and	business	address	of ea	ch ge	<u>eneral</u>	partner	being
ade	led or removed from our records:										

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
G.P.	601 Collins, Inc.	2340 SW 102nd Drive Davie, FL 33324	Add Remove
G.P.	601R Collins, Inc.	2340 SW 102nd Drive Davie, FL 33324	Add Remove
		709 000076260	Add Remove
			Add Remove
			Add Remove
			Add Remove
	partnership or limited liabilit ip" status, enter change here:	y limited partnership is ame	— nding its "limited liability
This Limited	d Partnership hereby elects to be	e a "Limited Liability Limited P	artnership."

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

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

F. If amending any other information, enter change(s) here: (A	ttach additional sheets, if necessary.)
Iffective date, if other than the date of filing:	
Effective date cannot be prior to nor more than 90 days after the date this docu tate.)	ment is filed by the Florida Department of
ignature(s) of a general partner or all general partners*:	
NOTE: Only one current general partner is required to sign this document un	nless the limited partnership is adding or
emoving a "limited liability limited partnership" election statement. Chapter 6 then adding or removing a "limited liability limited partnership" election states	20, F.S., requires all general partners to sign
	non.,
My (for new G.P.)	
	~
	09 A SECT ALLA
	OV -
	1 6 AND
signature(s) of all new or dissociating general partner(s), if an	ELOSTI ST.
MI WI Corpissociating	(r.P)
	7
Filing Fee: \$52.50	
Certified Copy (optional): \$52.50 Certificate of Status (optional): \$8.75	