A98000002791

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

800084190638

01/16/07--01040--008 **61.25

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 JAN 16 PM 2:38

J. BRYAN JAN 17 2007

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SCABAROZI FAMILY PARTNERSHIP, LLLP
(Name of Florida Limited Partnership or Limited Liability Limited Partnership)
A98000002791

The enclosed Certificate of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

JONI S. MITCHELL
(Contact Person)

SCABAROZI FAMILY PARTNERSHIP. C/O CCTV
(Firm/Company)

8515 N. ATLANTIC AVE
(Address)

CAPE CANAVERAL, FL. 32920
(City, State and Zip Code)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 JAN 16 PM 2:38

For further information concerning this matter, please call:

Joni Mitchell at (321) 783-7381
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

- [X] $52.50 Filing Fee
- [X] $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

SCABAROZI FAMILY PARTNERSHIP, LLLP
(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 12/18/1998, adopts the following certificate of amendment to its certificate of limited partnership.

FIRST: Amendment(s): (Indicate information being amended, added, or deleted)

CHANGE NAME FOR GENERAL PARTNER
JONI S. SMITH TO JONI S MITCHLL

MS. SMITH MARRIED AND NEEDS A NAME CHANGE
SEE ATTACHED COPY OF MARRIAGE LICENSE

SECOND: 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(s)*:
*(*Note: If adding or deleting an election to be a limited liability limited partnership statement, all general partners must sign the amendment.)*

Julia S. Scabarozi

Joni S. Mitchell

FILED
07 JAN 16 PM 2:38
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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

Joni S. Mitchell

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

CK# 1128 $61.25

[redacted] 000012

Department of Health • Vital Statistics

STATE OF FLORIDA
MARRIAGE RECORD

TYPE IN UPPER CASE
USE BLACK INK

(STATE FILE NUMBER)

[redacted]

State of FLORIDA, County of ORANGE
I hereby certify that this is a true copy of the document as reflected in the Official Records.
MARTHA O. HAYNIE, COUNTY COMPTROLLER
By: Deputy Comptroller
Dated: NOV 23 2005

This license not valid unless seal of Clerk of Circuit or County Court appears thereon.

INSTR 20050792091
OR BK 08318 PG 2859 PGS=1
MARTHA O. HAYNIE, COMPTROLLER
ORANGE COUNTY, FL
11/23/2005 09:21:06 AM
REC FEE 0.00
LAST PAGE

MLO-05-0006872
(APPLICATION NUMBER)

APPLICATION TO MARRY

1. GROOM'S NAME (First, Middle, Last)			2. DATE OF BIRTH (Month, Day, Year)
GARY DWIGHT MITCHELL			09/21/1945
3a. RESIDENCE - CITY/TOWN OR LOCATION	3b. COUNTY	3c. STATE	4. BIRTHPLACE (State or Foreign Country)
WINTER PARK	ORANGE	FLORIDA	CALIFORNIA
5a. BRIDE'S NAME (First, Middle, Last)	5b. MAIDEN SURNAME (If different)		6. DATE OF BIRTH (Month, Day, Year)
JONI SCABAROZI SMITH			08/15/1957
7a. RESIDENCE - CITY, TOWN, OR LOCATION	7b. COUNTY	7c. STATE	8. BIRTHPLACE (State or Foreign Country)
WINTER PARK	ORANGE	FLORIDA	NEW JERSEY

WE THE APPLICANTS NAMED IN THIS CERTIFICATE, EACH FOR HIMSELF OR HERSELF, STATE THAT THE INFORMATION PROVIDED ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR THE ISSUANCE OF A LICENSE TO AUTHORIZE THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY.

9. SIGNATURE OF GROOM (Sign full name using black ink)	10. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE)
▶ Gary Dwight Mitchell	10/26/2005
11. TITLE OF OFFICIAL: DEPUTY CLERK	12. SIGNATURE OF OFFICIAL (Use black ink) ▶ Roberta Buchanan
13. SIGNATURE OF BRIDE (Sign full name using black ink) ▶ Joni Scabarozi Smith	14. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) 10/26/2005
15. TITLE OF OFFICIAL: DEPUTY CLERK	16. SIGNATURE OF OFFICIAL (Use black ink) ▶ Roberta Buchanan

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 NOV 28 PM 2:18

LICENSE TO MARRY

AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS. THIS LICENSE MUST BE USED ON OR AFTER THE EFFECTIVE DATE AND ON OR BEFORE THE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID

17. COUNTY ISSUING LICENSE	18. DATE LICENSE ISSUED	18a. DATE LICENSE EFFECTIVE	19. EXPIRATION DATE
ORANGE	10/26/2005	10/29/2005	12/25/2005

20a. SIGNATURE OF COURT CLERK OR JUDGE	20b. TITLE	20c. BY D.C.
▶ Lydia Thurman	CLERK OF THE CIRCUIT COURT	LB

CERTIFICATE OF MARRIAGE

I HEREBY CERTIFY THAT THE ABOVE-NAMED GROOM AND BRIDE WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA.

21. DATE OF MARRIAGE (Month, Day, Year)	22. CITY, TOWN, OR LOCATION OF MARRIAGE
November 19, 2005	Maitland, Florida

23a. SIGNATURE OF PERSON PERFORMING CEREMONY (Use black ink)	23c. ADDRESS (Of person performing ceremony)
▶ Rodney C Wallace	142 E. Jackson St. Orlando, FL 32801
23b. NAME AND TITLE OF PERSON PERFORMING CEREMONY (Or notary stamp) Rev. Rodney C. Wallace Assistant Minister First United Methodist Church Orlando	24. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) ▶ Michael E Abbott
	25. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) ▶ Adriana W Dengueel

SEAL

	26. SOCIAL SECURITY NUMBER	27. RACE	28. WERE YOU EVER PREVIOUSLY	IF ANSWER IS "YES" TO ITEM 28, THEN COMPLETE ITEMS 28a, 28b, and 28c		
				28a. NO. OF TIMES	28b. LAST MARRIAGE ENDED BY	28c. DATE LAST MARRIAGE ENDED
GROOM	[redacted]					
BRIDE						

DH Form 743, April 98 (Replaces Feb. 91 edition)