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1/11/08

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Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : UCC FILING & SEARCH SERVICES, INC.

Account Number : I19980000054 Phone : (850)681-6528 Fax Number : (850)681-6011 SECRETARY OF STATE

LP/LLLP AMENDMENT/RESTATEMENT/CORREGRICATION

DEVOE FAMILY LIMITED PARTNERSHIP II

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Florida Dept of State



January 14, 2008

FLORIDA DEPARTMENT OF STATE

DEVOR FAMILY LIMITED PARTNERSHIP II Division of Corporations
4100 TAMIANI TRAIL NORTH
NAPLES, FL 34103

SUBJECT: DEVOE FAMILY LIMITED PARTNERSHIP II

REF: A99000000007

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1/11/08

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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Tammi Cline Regulatory Specialist II FAX Aud. #: H08000009095 Letter Number: 508A00002669

II PH 5: 00
ARY OF STATE

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

DeVoe Family Limited Partnership II					
(Insert name currently on fil	le with Florida D	epartment of State)		•	
Pursuant to the provisions of section 620.1202, Flimited liability limited partnership, whose certification 12/31/98, adopts the following partnership.	cate was filed		partment of S	State on	1
This amendment is submitted to amend the following:			<i>:</i>		
A. If amending name, enter the new name of the linere:	imited partners	hip or limited liabi	lity limited pa	rtnersh	ip
(New name must be distinguish: Acceptable Limited Partnership suffixes: Limited Partnersh Acceptable Limited Liability Limited Partnership suffixes: I	up, Limited, L.P.,	LP, or Ltd.		***************************************	ı
B. If amending the registered agent and/or registened agent and/or the new registered offic			enter the na	000	he The
Name of New Registered Agent:			TARY (<u></u>	Parintelle Perintelle S
New Registered Office Address:	(Enter Florida street address)		ર: ક	m C	
· ·	(City)		(Zip Code)	00	
New Registered Agent's Signature if changing	Degistered A	ranti			

(If Changing Registered Agent, Signature of New Registered Agent)

Page 1 of 3

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.

EFFECTIVE DATE

C. 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>	Address	Type of Action
<u>GP</u>	Richard H. DeVoe	4100 Tamiami Trail N Naples, FL 34103	Add Ukemove
GP	DeVoe's, Inc.	c/o Mark A. DeVoe, Pre- 2601 Airport Road South Naples, FL 34112	
		Add Remove	
<u></u>			Add Remove
			Add Remove
			Add Remove
limited partner	ship" status, enter change her	oility limited partnership is am re: oe a "Limited Liability Limited P:	
		its "Limited Liability Limited Par	
		ed partnership" status, all general pur	
		ange(s) here: (Attach additional si	
			<u> </u>

Effective date, if other than the date of filir (Effective date cannot be prior to nor more than 90	ng: 1/11/08	e this document is filed	by the Florida Department of
State.)		•	
	•		
Signature(s) of a general partner or all g	cueral partne	<u>rs*:</u>	
("NOTE: Only one current general partner is requiremoving a "limited liability limited partnership" el when adding or removing a "limited liability limited DOVOO'S, TNC.	lection statement.	Chapter 620, F.S., req	ted partnership is adding or uires all general partners to sign
Jakkony			
By Mark A. Devae, Presid	snt		
Signatura(s) of all your or disposinting go	movel newtro-	(a) if any	·
Signature(s) of all new or dissociating ge	nerai parmeri	<u>5), 11 kuy</u> :	
Kicharf W. Rillow	-		
Richard H. Daras	_		
	•		
	•		
	_		

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