

A99000000533

CHARLES H. STARK P. A.
ATTORNEY AT LAW

SUITE 100

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986 DOUGLAS AVENUE
ALTAMONTE SPRINGS, FLORIDA
32714

TELEPHONE (407) 788-0250
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May 8, 2001

Florida Secretary of State
Corporations Division
Post Office Box 6327
Tallahassee, FL 32314

200004212792--6
-05/24/01--01090--014
*****17.50 *****17.50

Re: Amended Certificate of Limited Partnership for Investment Loan
Services of Central Florida, Ltd. (#A99000000533)

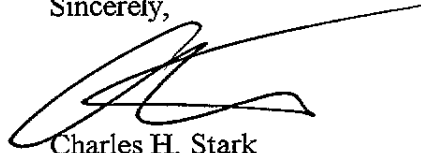
Dear Sir or Madam:

200004212792--6
-05/11/01--01120--025
*****35.00 *****35.00

Enclosed for filing is the original and one (1) copy of the Amended Certificate of Limited Partnership for the above-referenced limited partnership. Also enclosed is our firm's check payable to your office in the amount of Thirty-Five Dollars (\$35) representing the filing fee associated with this transaction. Please have a copy of the filed Articles of Amendment returned to the undersigned in the enclosed self-addressed, stamped envelope.

Your prompt attention to this matter would be greatly appreciated.

Sincerely,


Charles H. Stark

CHS/db
Enclosures

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TALLAHASSEE, FL
SECRETARY OF STATE

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FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

May 16, 2001

CHARLES STARK
986 DOUGLAS AVENUE, SUITE 100
ALTAMONTE SPRINGS, FL 32714

SUBJECT: INVESTMENT LOAN SERVICES OF CENTRAL FLORIDA, LTD.
Ref. Number: A99000000533

We have received your document for INVESTMENT LOAN SERVICES OF CENTRAL FLORIDA, LTD. and check(s) totaling \$35.00. However, the document has not been filed and is being retained in this office for the following reason(s):

There is a balance due of \$17.50. Refer to the attached fee schedule for the breakdown of fees. Please return a copy of this letter to ensure your money is properly credited.

LIMITED PARTNERSHIP CERTIFICATE/APPLICATION BASIC FEES

Filing fees \$52.50 minimum - \$1750 maximum
Registered Agent Designation \$35

The filing fee is based on the total amount contributed and anticipated to be contributed by the limited partners as shown in the affidavit at a rate of \$7 per \$1000. The filing fee for an Application to Register a Foreign Limited Partnership is based on the total amount contributed by the limited partners allocated for the purpose of transacting business in the State of Florida at a rate of \$7 per \$1000.

Certified Copy	\$52.50
(15 pages or less, \$1 for each additional page after initial 15 pages)	
Registered Agent/Office Change	\$35
Name Reservation	
(120 days nonrenewable)	\$35
Amendment	
(other than specified)	\$52.50
Affidavit Decreasing Contributions	\$52.50
Affidavit Increasing Contributions	
\$7 per \$1000 on increase only	
(\$52.50 minimum-\$1750 maximum)	
Certificate of Status or Fact	\$8.75
Cancellation	\$52.50
Resignation of Registered Agent	\$87.50
LP Annual Report/Uniform Business Report	

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TALLAHASSEE, FLORIDA

\$7 per \$1000 of invested capital
(\$52.50 minimum - \$437.50 maximum)
plus Supplemental Fee of \$138.75

Reinstatement

(\$500 for each year or part thereof the
partnership was revoked plus the delinquent
annual report/uniform business report fees)

Please return 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) 487-6020.

Tammi Cline
Document Specialist

Letter Number: 801A00029622

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STATE OF FLORIDA
TALLAHASSEE

**AMENDED CERTIFICATE OF LIMITED PARTNERSHIP OF
INVESTMENT LOAN SERVICES OF CENTRAL FLORIDA, LTD.**

THE UNDERSIGNED, desiring to amend the Limited Partnership of INVESTMENT LOAN SERVICES OF CENTRAL FLORIDA, Ltd. (the "Partnership"), pursuant to the Revised Uniform Limited Partnership Act of the State of Florida, hereby adopt, file, swear to and certify this Certificate:

1. Name. The name of the Partnership is INVESTMENT LOAN SERVICES OF CENTRAL FLORIDA, LTD.(the "Partnership").

2. Location of the Principal Office and Mailing Address of the Partnership. The principal office of the Partnership referred to in Section 620.105, Florida Statutes, is located at and its mailing address is 1350 So. Pennsylvania Avenue, Winter Park, FL 32789.

3. Agent for Service of Process. The name and address of the agent for service of process on the Partnership shall be Charles H. Stark, at 986 Douglas Avenue, Suite 100, Altamonte Springs, Florida 32714.

4. Name and Business Address of the Partners. The names and business addresses of the Partners, General and Limited, respectively, are as follows:

General Partner:

Elizabeth Ann Taylor
1350 So. Pennsylvania Avenue
Winter Park, FL 32789

Limited Partners:

Christopher Tootell
2600 Old Quarry Road
Missoula, Montana 59802

Donald Brooks Tootell
P.O. Box 20
Black Eagle, Montana 59414

Bobbi Tootell Menge
P.O. Box 223
Saco, Montana 59261

Linda Adams
607 North Warren Street
Helena, Montana 59601

Ryan Robert Tootell
2600 Old Quarry Road
Missoula, Montana 59802

Kjelsi Carrie Tootell
2600 Old Quarry Road
Missoula, Montana 59802

Lindsay Elizabeth Tootell
2600 Old Quarry Road
Missoula, Montana 59802

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1998
MISSOULA, MONTANA

Austin Christopher Tootell
2600 Old Quarry Road
Missoula, Montana 59802

Erin Adams Griffin
607 North Warren Street
Helena, Montana 59601

Jacob Donald Adams
607 North Warren Street
Helena, Montana 59601


Joseph Leeson Adams
607 North Warren Street
Helena, Montana 59601

Patrick Darrell Menge
P.O. Box 223
Saco, Montana 59261

5. Term of the Partnership. The Partnership was filed with the Florida Secretary of State on April 2, 1999, and shall continue in existence until December 31, 2039, unless sooner terminated, liquidated or dissolved by law or in accordance with the Partnership Agreement.

IN WITNESS WHEREOF, the undersigned hereby swears to, signs and will cause to be duly filed this Amended Certificate of Limited Partnership.

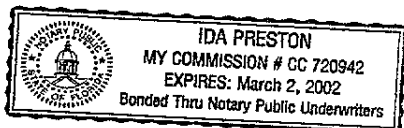
Dated effective January 1, 2001.

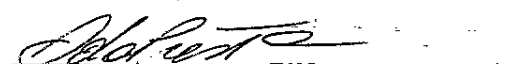

Elizabeth Ann Taylor, General Partner

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STATE OF FLORIDA
COUNTY OF ORANGE

The foregoing instrument was acknowledged before me this 7 day of May, 2001, by ELIZABETH ANN TAYLOR, as General Partner of Investment Loan Services of Central Florida, Ltd. Said person did not take an oath and (check one) ☒ is personally known to me, ☐ produced a driver's license (issued by a state of the United States within the last five (5) years) as identification.




Print Name: _____
Notary Public - State of Florida
Commission Number: _____
Commission Expires: March 29, 2001