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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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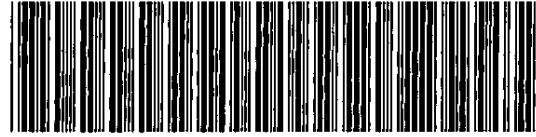
(Business Entity Name)

(Document Number)

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SECRETARIAT OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** WENNER FAMILY LIMITED PARTNERSHIP  
(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

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

Please return all correspondence concerning this matter to:

JOHN WENNER P JR

(Contact Person)

WENNER FAMILY LIMITED PARTNERSHIP

(Firm/Company)

395 Rt. 447

(Address)

Newfoundland, PA 18445

(City, State and Zip Code)

For further information concerning this matter, please call:

JOHN WENNER P JR

(Name of Contact Person)

at (347) 680-2989

(Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

\$52.50 Filing Fee

\$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

FILED  
06 JUL 25 AM 11:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**WENNER FAMILY LIMITED PARTNERSHIP**

(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 4/2000, adopts the following certificate of amendment to its certificate of limited partnership.

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

JOHN WENNER P SR (DELETE)  
CATHY WENNER (DELETE)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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.)*  
John P Wenner Jr \_\_\_\_\_  
Susan J Wenner \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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