# A9900001126

(Re	questor's Name)			
(Ad	dress)			
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(Cit	:y/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
. (Bu	isiness Entity Nai	me)		
(Document Number)				
Certified Copies	_ Certificate	s of Status		
Special Instructions to Filing Officer:				

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OR FFR 26 AH 8: 53

G. MCLEOD FEB 2 9 2008 EXAMINER



January 29, 2008

FERLITA FAMILY LIMITED PARTNERSHIP 4040 UPPER CREEK DR. SUN CITY CENTER, FL 33573

SUBJECT: FERLITA FAMILY LIMITED PARTNERSHIP

Ref. Number: A99000001126

We have received your document for FERLITA FAMILY LIMITED PARTNERSHIP and check(s) totaling \$500.00. However, your check(s) and document are being returned for the following:

Attached is a computer printout for your partnership which shows the general partner(s) according to our records. Your annual report/uniform business report must list the same partners as shown on the printout. To change the partner(s), an amendment must be filed and the appropriate filing fee submitted in accordance with chapter 620, Florida Statutes.

Please return your document, along with a copy of this letter, within 30 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Registration/Qualification Section
Division of Corporations Letter Number: 908A00006022

#### COVER LETTER

TO: Registration Section Division of Corpo			
SUBJECT: Ferli	ta Family f Florida Limited Partnershi	bor Limited Liability	Limited Partnership)
The enclosed Certificate	of Amendment and fee	e(s) are submitted f	or filing.
Please return all correspo	_		
Conrad & Fe	Contact Person)	1	
Ferlita Far	aily Limi	ted la	ind nership
Conrad & Fe Ferlita Fan 4408 Ch	(Address)	. CT	
Tampa (City,	State and Zip Code)	<u> 3609</u>	
For further information c			,
Consul O Fe.  (Name of Contact Pe	erson) at (	(813) G (Area Code and Da	33 – 1435 ytime Telephone Number)
Enclosed is a check for the	he following amount:		
and		\$105.00 Filing Fee Certified Copy	\$113.75 Filing Fee, Certified Copy, and Certificate of Status
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301		MAILING A Registration S Division of C P. O. Box 632 Tallahassee, I	Section orporations 27

## SECRETARY OF STATE DIVISION OF CORPORATION 08 FEB 26 AM 8: 53

### CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP

FERLITA 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, adopts the following certificate of amendment to its certificate of limited partnership.						
minted partnersmp.						
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited partnership or limited liability limited partnership here:						
(New name must be distinguishable and contain an acceptable suffix.)						
Acceptable Limited Partnership suffixes: Limited Partnersh Acceptable Limited Liability Limited Partnership suffixes: I						
B. If amending the registered agent and/or registered new registered agent and/or the new registered office		on our records, enter the name of the				
Name of New Registered Agent:						
New Registered Office Address:						
	(Enter Florida street address)					
•	. Florida					
<del></del>	(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 Agent)

C. If amending the general partner(s), enter the name and business address of each general partner being added or removed from our records: Type of Action **Title** Name Address NRISTOPHER C. FERLiTA Add Remove Add Remove Add Remove Add Remove Add Remove D. If the limited partnership or limited liability limited partnership is amending its "limited liability limited partnership" status, enter change here: This Limited Partnership hereby elects to be a "Limited Liability Limited Partnership." ☐ This Limited Partnership hereby removes its "Limited Liability Limited Partnership" status. (NOTE: If adding or removing" limited liability limited partnership" status, all general partners must sign this amendment.) E. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Effective date, if other than the da (Effective date cannot be prior to nor mo State.)	te of filir re than 90	ng:	ate this document is filed by the Florida Department of
Signature(s) of a general partne	r or all g	eneral partne	ers*:
(*NOTE: Only one current general parts removing a "limited liability limited parts when adding or removing a "limited liability limited liability liability	nership" el	lection statement.	document unless the limited partnership is adding or Chapter 620, F.S., requires all general partners to sig ection statement.)
orpholy			
		-	
Signature(s) of all new or dissoci	iating ge	neral partner(	r(s), if any:
at the	5		
•	<u> </u>		
			·
Filing Fee: Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$52.50 \$8.75		