A9900001524

(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

LLLP added to the end of the name to indicate it is a limited liability limited partnership. SPT 1-14-13



700242250737

12/03/12--01007--027 **52.50

SECRETARY OF STATE TALLAHASSEE, ELORIO

DEC -3 RM 1: 2

D. BRUCE

DEC 0 4 2012

EXAMINER

COVER LETTER

TO: Registration Division of C						
SUBJECT:	Baroudi Fa	amily Limited Parti	nership y Limited Partnership			
The enclosed Certifi	icate of Amendment a	nd fee(s) are submitted	for filing.			
Please return all cor	respondence concernii	ng this matter to:				
Dav	id A. Holmes, Esqui	re				
	Contact Person	-				
	Farr Law Firm					
	Firm/Company					
	99 Nesbit Street					
	Address					
Pu	ınta Gorda, FL 3395	0				
	City, State and Zip Code		•			
				No.		
	dholmes@farr.com be used for future annual	report notification)		[EC		
D-man address, (to	y be used for future unitual	roport notification,				
For further informat	tion concerning this m	atter, please call:		-3 F	FILE	
David A. H	olmes, Esquire	at (941)	6391158	Propries	90,	
Name of Conta			time Telephone Number	I: 3	ċ	
Enclosed is a check	for the following amo	ount:		87 0A		
\$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 ADDRES	SS:	MAILING.	ADDRESS:			
Registration Section		Registration				
Division of Corporations		Division of Corporations				
Clifton Building		P. O. Box 6327				
2661 Executive Center Circle		Tallahassee, FL 32314				

Tallahassee, FL 32301

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP **OF**

Baroudi Family Limited Partnership

insert name currently on	tile with Florida Depai	tment of State	
Pursuant to the provisions of section 620.1202, limited liability limited partnership, whose certi September 20, 1999, assigned F	ficate was filed wit	h the Florida Departmen	t of State on
adopts the following certificate of amendment to			
This amendment is submitted to amend the following	; ;		
A. If amending name, enter the new name of the here:	limited partnership	or limited liability limite	d partnership
New name must be distingui	ishable and contain an a	acceptable suffix.	
Acceptable Limited Partnership suffixes: Limited Partner Acceptable Limited Liability Limited Partnership suffixes			LLLP.
B. If amending mailing address and/or principal office address here:	cipal office addres	s, <u>enter new mailing ad</u>	dress and/or
New Principal Office Address:	2 Tropicana D	rive	CCRE PR
(Must be STREET address)	Punta Gorda,		FIL C-3 C-3 TAR)
New Mailing Address: (May be post office box)	2 Tropicana D Punta Gorda,		TLED 3 PM 1:37 RY OF STATE SEE. FLORIDA
C. If amending the registered agent and/or registered agent and/or the new registered off		s on our records, <u>enter th</u>	
Name of New Registered Agent:			
New Registered Office Address:	Enter Flo	rida street address	
		. Florida	
	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

D.	If amending the general partner(s), <u>enter</u>	the nai	ne and	l business	address	of each	general	partner	being
ado	led or removed from our records:									

<u>Title</u>	Name	Address	Type of Action
			_ Add _ Remove
			Add Remove
			Add Remove
			APP. ABCRETARY FILE ABCRETAR
			- □ Remove P D C C
			Add A Remove

E. 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.)

F. If amending any other inforn	nation, enter change(s)	here: (Attach additional sheets, i	f necessary.)	
Effective date, if other than the date (Effective date cannot be prior to nor more	of filing:	te this document is filed by the Floria	'a Department of	
State.)				
Signature(s) of a general partner of	or all general partne	ers*:		
(*NOTE: Only one current general partner removing a "limited liability limited partner when adding or removing a "limited liability limited liability limited liability when adding or removing a "limited liability limited liabili	rship" election statement.	Chapter 620, F.S., requires all gener		
		Of Sarom	Oin_	
		Issa r. Baroddi		
		LoBord'		
		Lina Baroudi		
Signature(s) of all new or dissocia	ting general partner	(s), if any:	12 E SECH	
			RETAS	2
			SEE SEE	7
			S: -	741
	 		I:37	`~
0	\$52.50 \$52.50			
Certificate of Status (optional):	\$8.75			