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(Re	questor's Name)	
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J. Stevens APR 1 4 2014

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT:	Flataur II, Ltd.
	nership or Limited Liability Limited Partnership
The enclosed Certificate of Amendment an	d fee(s) are submitted for filing.
Please return all correspondence concerning	g this matter to:
Linda Kassof Contact Person	
***************************************	II.C
Taurus Investment Holdings, Firm/Company	LEC
610 N Wymore Road, Suite	200
Address	
Maitland, FL 32751	
City, State and Zip Code	
!kassof@tiholdings.com	1
E-mail address: (to be used for future annual r	eport notification)
For further information concerning this ma	tter, please call:
Linda Kassof	at ( 407 ) 539-2310
Name of Contact Person	Area Code and Daytime Telephone Number
Enclosed is a check for the following amou	nnt:
\$52.50 Filing Fee \$61.25 Filing Fee and Certificate of Status	\$105.00 Filing Fee and Certified Copy Certificate of Status
STREET ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations Clifton Building	Division of Corporations P. O. Box 6327
266! Executive Center Circle	Tallahassee, FL 32314
Tallahassaa El 22201	

## CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

Flat	aur II, Ltd.	
Insert name currently on f		tment of State
Pursuant to the provisions of section 620.1202, I limited liability limited partnership, whose certif September 30, 1999, assigned Florian section 620.1202, I among the section 620.1202,	icate was filed wit	h the Florida Department of State or
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 limited partnersh
New name must be distinguis	hable and contain an a	acceptable suffix.
Acceptable Limited Partnership suffixes: Limited Partners Acceptable Limited Liability Limited Partnership suffixes:	hip, Limited, L.P., LP Limited Liability Lim	, or Ltd. ited Partnership, L.L.L.P. or LLLP.
B. If amending mailing address and/or princ principal office address here:	ipal office addres	s, enter new mailing address and/o
New Principal Office Address:		14 SEI ALLI
(Must be STREET address)		APR APR
New Mailing Address: (May be post office box)		SSEE
	-	TAIE ORIDA
C. If amending the registered agent and/or regis new registered agent and/or the new registered off		s on our records, <u>enter the name of t</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Flo	rida street address
		Elouido
	City	, Florida 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	t, Signature of New Registered Agent

D.	If amending the	e general	partner(s),	enter th	e name	and	<u>business</u>	address	of eacl	<u>n general</u>	<u>partner</u>	being
ad	ded or removed f	rom our	records:									

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
<u>GP</u>	Taurus-Florida Operations, Inc.	610 N Wymore Road, Suite 200 Maitland, FL 32751	_
<u>GP</u>	Taur <u>us Southern Investments C</u> orp.	610 N Wymore Road, Suite 200 Maitland, FL 32751	Add ☐ Remove
			_ Add _ Remove
			AGE APR
	<del></del>		Remove T
			_ 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.)

		-
fective date, if other than the date	of filing:	
fective date cannot be prior to nor more	of filing:than 90 days after the date this document is	filed by the Florida Department of
nte.)		
•		
gnature(s) of a general partner	or all general partners*:	
	r is required to sign this document unless the	
noving a "limited liability limited partne en adding or removing a "limited liabili	rship" election statement. Chapter 620, F.S. ty limited partnership" election statement.)	, requires all general partners to sig
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gnature(s) of all new or dissocia	ting general partner(s), if any:	CORE LAH
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ling Fee:	\$52.50	