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From:

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Account Number: I2000000085

: (561)626-4742

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LP/LLLP AMENDMENT/RESTATEMENT/CORRECTION THE JOSEPH AND RITA COOPER FAMILY LIMITED PARTNERSHI

ter the email address for this business entity to be used for fulfannual report mailings. Enter only one email address please.

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EXAMINER

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CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

JOSEPH AND RITA COOPER FAMILY LIMITED PARTNERSHIP

Insert name currently on file with Florida Department of State

Pursuant to the provisions of secti limited liability limited partnershi 11/15/1999	p, whose certific , assigned Flor	ate was filed wi	th the Florida Depar umber <u>A9900</u>	rtment of St	ate on	
adopts the following certificate of	amendment to it	ts certificate of	limited partnership.			
This amendment is submitted to amen	d the following:		,			
A. If amending name, enter the ne	w name of the lit	mited partnershi	p or limited liability	limited part	nerski	2
<u>here</u> :					:	
- Victor and a	nust be distinguisha	11		 		
	_		•	ALI SE	2010	
Acceptable Limited Partnership suffixes: Acceptable Limited Liability Limited Par	Limited Partnershi inership suffixes: Li	p, Limited, L.P., L.l imited Liability Lin	^p , or Ltd. nited Partnership, L.L.L.	P. or LILP.	OFFC	Entra Sag
B. If amending mailing address principal office address here		al office addr e s	s, <u>enter new maili</u>	ig address:		and and
	,	•				
New Principal Offic				603	្នា	114.00
(Must be STREET addre	255))b-	<u>ယ</u>	
New Mailing Addre	ss					
(May be post office bax)			•			
				······································	į	
C. If amending the registered ager new registered agent and/or the new	it and/or register registered office	red office addres address here:	s on our records, <u>en</u>	ter the nam	e of the	È
				•	i». I	
Name of New Registered Agent		<u> </u>				
New Registered Office Address	<u></u>				;	
		Enter Flo	orida street address		;	
			. Florida			
		City		Code		
					:	

Page 1 of 3

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-	_ ,	U	•	•	

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), enter the name and busin	ess address of each general	<u>partner being</u>
added or removed from our records:		
: :		į

Title	• . ••	Nam	e · · · · · · · · · · · · · · · · · · ·	Address	- Type of Action	
<u>GP</u>	. !	<u>Coo</u>	per Family GP, LLC	2792 Donnelly Dr. #1501 Lantena, FL 33462	_ Add Remove	
<u>GP</u>		<u>Jos</u>	eph R. Cooper	2792 Donnelly Dr. #1501 Lantana, FL 33462	Add Remove	
<u>GP</u>		Rita	A. Cooper	2792 Donnelly Dr. #1501 Lantana. FL 33462	Add PRemove SECRETARY SECR	
. <u></u>	• •					
					_ ∏Add ∰	
	·				Add 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.)

Page 2 of 3

F. If amending an	y other information,	enter change	(s) here: (Attack	additional she	ets, if necessary.)	
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Effective date, if other Effective date cannot be pr	than the date of filin ior to nor more than 90	g: days after the	date this documen	t is filed by the F	lorida Departmen	t or
tate.)						
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ignature(s) of a gene	ral partner or all a	anaral navt		•		
:						
NOTE: Only one current moving a "limited liability	general partner is requi	red to sign this	s document unless at Charter 620 B	the limited partn	ership is adding or	sibn
hen adding or removing a	flimited liability limited	partnership"	election statement.)	- A S 20	, <u>, , , , , , , , , , , , , , , , , , </u>
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ALIPHANIE DE	Hember	, .				+ [.]
Betty Cr					Ellinoide Ellinoide	
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						!
ignature(s) of all nev	or dissociating ge	neral partn	er(s), if any:			:
			AU			
:]			110-	-/0 3	oseph R. Coop	cer-
<u> </u>			1 plus	a con	Rita A. Coo	ver-
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Page 3 of 3