

B03000000094

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

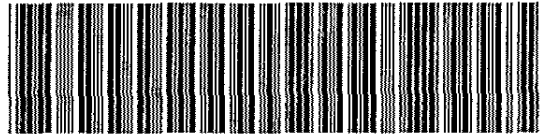
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: COTTON USA LP
(Name of Limited Partnership)

FLORIDA REGISTRATION NUMBER: BO3000000094

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

Please return all correspondence concerning this matter to the following:

SUSAN LINK
(Name of Person)
COTTON USA LP
(Firm/Company)
14345 NORTHWEST FREEWAY
(Address)
HOUSTON, TX 77040
(City/State and Zip Code)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

SUSAN LINK at (281) 830-7560
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$52.50 Filing Fee ☐ \$61.25 Filing Fee & Certificate of Status ☐ \$105.00 Filing Fee & Certified Copy (additional copy is enclosed) ☒ \$113.75 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

**CERTIFICATE OF AMENDMENT
TO
APPLICATION FOR REGISTRATION
OF**

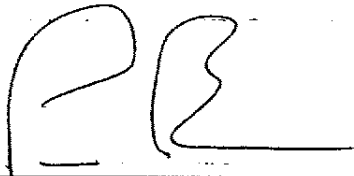
Cotton Catastrophe, LP

(Insert name currently on file with Florida Dept. of State)

Pursuant to the provisions of section 620.173, Florida Statutes, this foreign limited partnership hereby submits this Certificate of Amendment to its registration application:

The registration application is amended as follows:

COTTON USA, LP



(Signature of a General Partner)

Pete Bell

(Typed or printed name of General Partner signing above)

STATE OF Texas

COUNTY OF Harris

On this 2nd day of December, 2004, Pete Bell
appeared before me,

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personally
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



who is personally known to me



whose identity I proved on the basis of _____



(Notary Public Signature)

VICKI HOLCOMB

(Notary's Printed Name)

Seal

My Commission Expires: 9-18-05