Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : 12000000195 Phone : (850)521-0821

Fax Number : (850)558-1515

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

Email	Add	lress	:	

LP/LLLP AMENDMENT/RESTATEMENT/CORRECTION MCFSA, LTD.

Certificate of Status	0
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EXAMINER

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4/18/2012

COVER LETTER

TO:	Registration Division of 0					
	Division of	Corporations				
SUBJ	IECT: MCFS	SA, LTD. ame of Florida Limited Par	tnership or Limited Liabili	ty Limited Partnership)		
The e	nclosed Certifi	cate of Amendment a	nd fee(s) are submitted	for filing.		
Please	e return all cor	respondence concerni	ng this matter to:	·		
DEX	TER MATT	HEWS		٠.		
		(Contact Person)				
COR	PORATION	SERVICE COMP (Firm/Company)	ANY	; •		
2711	CENTERV	ILLE ROAD, SUI (Address)	TE 400			
WIL	MINGTON,	DE 19808 (City, State and Zip Code)				
For fu	ırther informat	ion concerning this m	atter, please call:			
DEX	TER MATT	HEWS	_at (<u>800</u>) <u>92</u>	7-9801		
(Name of Contact Person)		(Area Code and D	Daytime Telephone Number)			
Enclo	sed is a check	for the following amo	unt:			
Ø \$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		
STRE	EET ADDRES	SS:	MAILING	ADDRESS:		
Registration Section			Registration Section			
Division of Corporations			Division of Corporations			
	n Building			P. O. Box 6327		
	Executive Cen		Tallahassec,	FL 32314		
Tallah	iassee, FL 323	3U I				

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CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

MCFSA, LTD.		
(Insert name currently on fil	e with Florida Depa	rtment of State)
Pursuant to the provisions of section 620.1202, Fl limited liability limited partnership, whose certifical 1/03/2008, assigned Floadopts the following certificate of amendment to	cate was filed wi rida document ni	th the Florida Department of State on umber B08000000239
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li here:	mited partnershi	p or limited liability limited partnership
(New name must be distinguish:	able and contain a	1 acceptable suffix.)
Acceptable Limited Partnership suffixes: Limited Partnersh Acceptable Limited Liability Limited Partnership suffixes: l	iip, Limited, L.P., Li Limited Liability Lin	P, or Ltd. Alted Partnership, L.L.I.,P. or LLLP.
B. If amending mailing address and/or principal office address here:	oal office addre	ss, enter new mailing address and/or
New Principal Office Address: (Must be STREET address)		
New Mailing Address: (May be post office box)		
C. If amending the registered agent and/or registened new registered agent and/or the new registered offic		s on our records, <u>enter the name of the</u>
Name of New Registered Agent:		
New Registered Office Address:	(Enter F	lorida 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	11
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 business address of each general partner being added or removed from our records:

Title	<u>Name</u>	Address	Type of Action
GP_	Metroplex Commercial Fire & S F08000004723		☐ Add ☐ Remove
GP	Metroplex Commercial Fire F100000000057		☑ Add ☐ Remove
			☐ Add☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ 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.)

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F. If amending any other information, enter cl	liange(s) here: (Attach additional sheets, if necessary.)
Effective date, if other than the date of filing	; lays after the date this document is filed by the Florida Department of
State.)	ays after the value that allocation regime by the troo that he parameter of
Signature(s) of a general partner or all gen	neral partners*:
(*NOTE: Only one current general partner is require removing a "limited liability limited partnership" election when adding or removing a "limited liability limited (a liability	ed to sign this document unless the limited partnership is adding or ction statement. Chapter 620, F.S., requires all general partners to sign partnership? election statement.)
Awy	and the same of th
Signature(s) of all newor dissociating gene	eral partner(s), if any:
1	
Filing Fee: \$52.50 Certified Copy (optional): \$52.50 Certificate of Status (optional): \$8.75	