## 81600000129

(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:				
·				

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09/12/16--01022--001 \*\*\$2.50



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## **COVER LETTER**

Division of C				
SUBJECT: PJ	C Custon	n, CP		
<b>_</b>	Name of Foreign Limited	d Partnership or Limited Lia	ability Limited Partnership	-
The enclosed amend	ment and fee(s) are sul	omitted for filing.		
Please return all corr	espondence concernin	g this matter to:		
_ Katte	Schmidt Contact Person	· -		
Polar Ca	Poatin Firm/Company			
130 Ch	ishim Ln	Str 150	TS.	<b>1</b> 6
Minne to	Address  MICA, MN  Styl Style and Tip Gods	55305	ILLAND.	SEP FII
C	City, State and Zip Code		SSE A	7
Katie.sch  E-mail address: (to	midte pol be used for future annual r	eport notification)	######################################	PH 3: 38
	on concerning this ma			7 38 26
Katie 5	chmidt	at ( (17 ) 4	130-6401	_
Name of Cor	ntact Person	Area Code and Daytir	ne Telephone Number	
Enclosed is a check	for the following amou	ınt:		
\$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	S:	MAILING A	ADDRESS:	
Registration Section		Registration		
Division of Corporate Clifton Building	iions	Division of C P. O. Box 63	-	
2661 Executive Cen	ter Circle	Tallahassee,		
Tallahassee, FL 323				

## AMENDMENT TO CERTIFICATE OF AUTHORITY FOR

## FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP

the Florida Department of State is:	or limited liability limited partnership as it appears on the records of Custom, LP
2. Document Number of Foreign Limi	ted Partnership or Limited Liability Limited Partnership: <b><u>B</u>1600000</b> 13
2. The jurisdiction of its formation is:	Texas
3. The date the entity was authorized	to transact business in Florida is: (4-7)-16
4. If the amendment changes the nam the new name:	e of the limited partnership or limited liability limited partnership, enter
	es: Limited Partnership, Limited, L.P., LP, or Ltd. Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or
5. If the amendment changes the gene Name:	eral partner(s), list the name and business address of each general partner:  Business Address:
Phyllis Knight	130 Chishin Lane Ste 150 NAdd
Chris Catania	Minne tonka, MN 5730 Change
Chris Catania	130 Cheshre Ln Str 158 STAdd
	Minnetonka, MN 573W Change
	Add
	Change
	Add
	——————————————————————————————————————
	- Change
	Add CO

6. If the amend	Iment changes the jurisdiction of organization, indicate no	ew jurisdiction:
7. If the amend corrected and the	Iment corrects any false statement listed in the application he correction:	n, indicate the statement being
8. If the amend the appropriate	Iment is to add or delete an election to be a limited liability box:	ty limited partnership statement, check
	The entity elects to be a limited liability limited partner	ship.
	The entity is no longer a limited liability limited partne	rship.
9. Attached is amendment(s), which this entit	an original certificate, no more than 90 days olds, evidence duly authenticated by the official having custody of records is organized.	cing the aforementioned NIA addity/derds in the jurisdiction under the law of office
10. Effective d (Effective date Department of	late, if other than the date of filing: cannot be prior to nor more than 90 days after the date the State.)	his document is filed by the Florida
Signature of a s	general partner: Cofficer).	
Typed or printe	ed name:  Catamia	F II  16 SEP  SECRETA  TALLAHAS
Filing Fee: Certified Copy	\$52.50 y (optional): \$52.50	TED SSECTION