B98000000035

(Requestor's Name)
(Addrèss)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



100134403821

08/18/08--01061--016 **113.75

2000 AUG 18 AM 9: 2: SECKETARY OF STATE TALLAHASSEE, FLORIC

T. CLINE

AUG 19 2008

EXAMINER

B98-135

LISA J. BOCHNER Attorney at Law

62A BARKERS POINT ROAD SANDS POINT, NEW YORK 11050

TELEPHONE (516) 944-7474 FAX (516) 944-8224 EMAIL lbochner@hotmail.com

August 14, 2008

Registration Section Division of Corporations PO Box 6327 Tallahassee, FL 32314

Re: Schlegel Holdings, L.P.

Dear Sir or Madam:

On behalf of the general partners of Schlegel Holdings, L.P., I enclose:

- 1. Cover Letter addressed to Registration Section, Division of Corporations.
- 2. Certificate of Amendment to Certificate of Limited Partnership of Schlegel Holdings, L.P.
- 3. Check payable to Florida Department of State, in the amount of \$113.75.

Kindly acknowledge receipt of the foregoing by dating and stamping the enclosed copy of this letter and returning it to me in the post-paid envelope provided:

Sincerely,

Graf Bochner
Lisa J. Bochner

Enclosures

cc: Mr. Jack Schlegel

Ms. Barbara Caraturo

COVER LETTER

	ration Section on of Corporations	•		
SUBJECT: _	SCHLEGEL HOLDING (Name of Florida Limited Part)	S, L.P. nership or Limited Liability	Limited Partnership)	
The enclosed	Certificate of Amendment an	d fee(s) are submitted t	for filing.	
Please return a	ill correspondence concerning	g this matter to:		
LISA J.		i		
; ;	(Contact Person)		•	
	(Firm/Company)			
62A Bark	ers Point Road			
•	(Address)	,		
Sands Po	int, NY 11050	•		
:	(City, State and Zip Code)	•		
For further inf	formation concerning this ma	tter, please call:		
Lisa J. (Name	Bochner of Contact Person)	at (516)944 (Area Code and Da	-7474 Lytime Telephone Number)	
Enclosed is a	check for the following amou	int:		
\$52.50 Filing	Fee \$61.25 Filing Fee and Certificate of Status	\$105.00 Filing Fee and Certified Copy		
STREET AD Registration S Division of Co	ection	MAILING A Registration S Division of C	Section F. S.	•

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

P. O. Box 6327 Tallahassee, FL 32314

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

	SCHLEGEL	HOLDINGS L.P.		
_	(Insert name currently on f	ile with Florida Departmen	t of State)	
limited lia March	to the provisions of section 620.1202, I bility limited partnership, whose certiform 1998, adopts the furtnership.	ficate was filed with the	orida limited partnership or e Florida Department of State amendment to its certificate o	on of
-	. •			
This amen	iment is submitted to amend the following:	.		
_	nding name, enter the new name of the	limited partnership or l	imited liability limited partner	<u>ship</u>
<u>here</u> :	:			
	i ·			
	: (New name must be distinguis	hable and contain an acco	ptable suffix.)	
4	The state of the s	while firming I D I D and		
Acceptante Acceptable	Limited Partnership suffixes: Limited Partner. Limited Liability Limited Partnership suffixes.	srup, wimited, w.r., wr, or t · Limited Liability Limited 1	uu. Partnership, L.L.L.P. or LLLP.	
лесершые	Limited Eldottily Limited Farmership suffices.	, Dimited Lidotiny Dunited 1	with the street and t	
P If ame	ending the registered agent and/or regis	tered office address on	our records enter the name of	f the
now route	cred agent and/or the new registered off	ice address here:	du l'ecolus, <u>eliter die hame o</u>	1 4414
HCM 1 CE 150	cred agent and/or the new registered or	ice dual tax ites e-	•	
	•			
	Name of New Registered Agent:	,		
	New Registered Office Address:	Cartan Flori	la street address)	
	·	(Enter Pioru	ia street adaress)	
	•		Florida 200 E	
		(City)	(Zip Code)	15
		1		3.4
•			S 2	!"
Nam Don	istered Agent's Signature, if changin	a Dogistored Agent	第 章 6	į
New Reg	istered Agent's Signature, il changin	is Vestotel en Wecut.		• 1
			- ES	· >
comply w	scept the appointment as registered age th the provisions of all statutes relative ar with and accept the obligations of my	to the proper and compl	is capacity. I further agrèe to ete performance of my duties, c	•
-				
•				
	·			
		(If Changing Registered	Agent, Signature of New Registered A	gent)

C. If amending the general partner(s), enter the name and business address of each general partner being added or removed from our records:

<u>Title</u>	<u>Name</u>	Address	Type of Action
Mr.	Jack Schlegel	5801 Bridleway	Cirche Add 33496 Remove
Ms.	Stacy Schlegel	5801 Bridleway	
Dr.	Sandee Schlegel	1 <u>764 Misty Cre</u> Westlake Villa 9 <u>1362</u>	
Ms.	Jan L. Brodsky	3182 Denton Dr Merrick, NY 11	
Ms.	Beth J. Schlegel	13 Riverfield Westport, CT	
<u>Stacy</u> Jack S	Le Second B Trust und Schlegel Revocable T Schlegel and Beth J. gel, Trustees	r 6351 San Mich	Add Remove
	ted partnership or limited liabili rship" status, enter change here:		s amending its "limited liability
☐ This Limit	ed Partnership hereby elects to be	a "Limited Liability Limit	ed Partnership."
	ed Partnership hereby removes its		
NOTE: If adding	ng or removing" limited liability limited p	partnership" status, all gener	al partners must sign this amendment.)
	any other information, enter chan		
<u></u>			SAY CO
			5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
		-	· · · · · · · · · · · · · · · · · · ·
			

Effective date, if other than the dat (Effective date cannot be prior to nor mot State.)	e of filing: re than 90 days after the da	te this document is filed by the	e Florida Department of
Signature(s) of a general partner (*NOTE: Only one current general partner removing a "limited liability limited part when adding or removing a "limited liability limited li	ner is required to sign this of nership" election statement	locument unless the limited part. Chapter 620, F.S., requires a	Il general partners to sign Trustee
Signature(s) of all new or dissociate of the control of the contro	ating general partner	Jack Schlegel, Beth J. Schlegel, Jack Schlegel, as Pers Rep of Schlegel	Trustee LUSE Trustee Trustee individually and Will of Stacy
Filing Fee: Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$52.50 \$8.75		ZEUR AUG 18 AM 9 SECRETARY OF SI TALLAHASSEE, FLO

Page 3 of 3