

Filing Fee: \$50.00

ID Number: 271294



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
148 W. River Street
Providence, Rhode Island 02904-2615

LIMITED PARTNERSHIP

**CERTIFICATE OF AMENDMENT TO
CERTIFICATE OF LIMITED PARTNERSHIP**

The undersigned, desiring to amend the Certificate of Limited Partnership under and by virtue of the power conferred by Section 7-13-9 of the General Laws of Rhode Island, 1956, as amended, hereby execute the following Certificate of Amendment to the Certificate of Limited Partnership:

1. The name of the limited partnership is:
Five Star Family Limited Partnership

2. The date of filing of the Certificate of Limited Partnership is _____

3. The Certificate of Limited Partnership (as previously amended **None**)
(List dates of prior amendment(s), if applicable. If none, so state.)
is amended as follows:

[Insert amendment]

**Jonathan V. Kalander, as Trustee of the Five Star Trust Agreement I dated August 23, 2007 and
Jonathan V. Kalander, as Trustee of the Five Star Trust Agreement II dated August 23, 2007 shall be
removed as General Partners and the following General Partners named in their place:**

General Partner	Business Address
1. W. Peter Tiraeck , as Trustee of the Five Star Trust Agreement I dated August 23, 2007	3 Scott Drive Lincoln RI 02865
2. Margaret Tirpaeck, as Trustee of the Five Star Trust Agreement II dated August 23, 2007	3 Scott Drive Lincoln RI 02865

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4. This Certificate of Amendment is signed by at least one general partner and, if applicable, by each other general partner designated herein as a new general partner.

Under penalty of perjury, I/we declare and affirm that I/we have examined this Certificate of Amendment to the Certificate of Limited Partnership, including any accompanying attachments, and that all statements contained herein are true and correct.

Date: 11/26/07

Five Star Family Limited Partnership

Print Name of Limited Partnership

By [Signature]

By [Signature]

By [Signature]

By _____

By _____



State of Rhode Island and Providence Plantations

A. Ralph Mollis

Secretary of State

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

I, A. RALPH MOLLIS, Secretary of State of the State of Rhode Island
and Providence Plantations, hereby certify that this document, duly
executed in accordance with the provisions of Title 7 of the General Laws
of Rhode Island, as amended, has been filed in this office on this day:

A handwritten signature in black ink that reads "A. Ralph Mollis".

A. RALPH MOLLIS

Secretary of State

