## [UUU000757

| (Re                     | questor's Name)   | _         |  |  |
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**EXAMINER** 



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CORLPAMNO



FILED STATEME SECRETARY OF CORPORATIONS SECRETARY CORPORATIONS 11 AUG 22 MM 11 16

August 16, 2011

Florida Department of State Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Re: Keasler Heekin Law Firm, LLLP

Dear Sir/Madam:

Please find enclosed the original and one (1) copy of the Certificate of Amendment to Certificate of Limited Partnership of Keasler Law Firm, LLLP. Also, enclosed is a check in the amount of \$105.00 representing the filing fees and a certified copy of same.

If you have any questions and/or need additional information, please do not hesitate to contact our office. Thanking you for your assistance in this matter.

Sincerely,

Tera J. Whitmore

In Muhitraco

Enclosures

र संदर्भ । पर्व कारण (१० एकोग्रू स्टीमें सामीकामीग्रिक्षण साम Arcendin मा म पर्वेद प्री में प्राप्त के दूसर्थी । जिस्सी में प्राप्त कर पर स्वतं क्राया स्वतं है है विकास क्षेत्र

| CERTIFICATE OF AMENDMENT           |
|------------------------------------|
| TO                                 |
| CERTIFICATE OF LIMITED PARTNERSHIP |
| OF                                 |
| Keasler Law Firm, LLLP             |

| Insert name cu  | rrently on                         | file with Florida Departme                                 | ent of State  | ٥٠              |
|---|------------------------------------|--|---|-----------------|
| Pursuant to the provisions of section 62 limited liability limited partnership, wh                | ose certi<br>signed F              | ficate was filed with the lorida document numb             | ne Florida Department of S<br>er <u>A1000000757</u> | tate on         |
| adopts the following certificate of amer  | ndment to                          | o its certificate of limit                                 | ted partnership.                                    |                 |
| This amendment is submitted to amend the  | following                          | <i>:</i>   |   |                 |
| A. If amending name, enter the new name here:   | me of the                          | limited partnership or                                     | limited liability limited par                       | <u>tnership</u> |
|   |                                    | <u>kin Law Firm, LLL</u>                                   |   | ·               |
| New name must be  | e distingui                        | shable and contain an acce                                 | ptable suffix.                                      |                 |
| Acceptable Limited Partnership suffixes: Limite<br>Acceptable Limited Liability Limited Partnersh | ed Partner<br>ip suffixes          | ship, Limited, L.P., LP, or<br>: Limited Liability Limited | Ltd.<br>Partnership, L.L.L.P. or LLLP.              |                 |
| B. If amending mailing address and principal office address here:                                 | or princ                           | cipal office address, <u>e</u>                             | nter new mailing address                            | and/or          |
| New Principal Office Address:   |                                    |  | Boulevard, Ste. 702                                 |                 |
| (Must be STREET address)  |                                    | Jacksonville, FL 3   | 32216   |                 |
| New Mailing Address: (May be post office box)   |                                    | 4540 Southside Boulevard, Ste. 702  Jacksonville, FL 32216 |   |                 |
| C. If amending the registered agent and new registered agent and/or the new regi                  |                                    |  | our records, enter the nan                          | ne of the       |
| Name of New Registered Agent:   | DA                                 | vip J. HERK  | in  |                 |
| New Registered Office Address:  | 4540 Southside Boulevard, Ste. 702 |  |   |                 |
| · · · · · · · · · · · · · · · · · · ·   |                                    | Enter Floride  | a street address                                    |                 |
|   |                                    | Jacksonville   | , Florida <u>32216</u>                              |                 |
|   |                                    | City   | Zip Code  |                 |

## New Registered Agent's Signature, if changing Registered Agent:

Title

Name

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 I am familiar with and accept the obligations of my position as registered agent.

If Changing Registered Agent, Signature of New Registered Agent

Type of Action

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

Address

| <del></del>                         | <del></del> -   |   |                             |
|-------------------------------------|---|---|-----------------------------|
| <u>GP</u>                           | David J. Heekin   | 4540 Southside Boulevard<br>Suite 702<br>Jacksonville, FL 32216 | Add Remove                  |
| <del></del>                         |   |   | Add Remove                  |
| <del></del>                         |   |   | Add Remove                  |
|                                     |   |   | Add Remove                  |
|                                     |   |   | Add<br>Remove               |
|                                     |   |   | Add Remove                  |
| E. If the limited limited partnersh | partnership or limited liabilit<br>ip" status, enter change here: | ty limited partnership is amend                                 | ling its "limited liability |
| This Limited                        | I Partnership hereby elects to be                                 | e a "Limited Liability Limited Pa                               | rtnership."                 |
| ·                                   |   | s "Limited Liability Limited Part                               | -                           |

(NOTE: If adding or removing" limited liability limited partnership" status, all general partners must sign this amendment.)

| F. If amending any other info   | rmation, e                   | nter change(s)          | ) here:     | (Attach add     | itional sheet:                         | s, if necessary.)                           |
|---|------------------------------|-------------------------|-------------|-----------------|--|---|
|   |                              |                         | <del></del> |                 | ······································ |   |
|   |                              |                         |             |                 |  |   |
|   |                              |                         |             |                 |  |   |
| Effective date, if other than the dat (Effective date cannot be prior to nor more   | e of filing<br>re than 90 a  | 3:<br>lays after the da | te this do  | ocument is fit  | ed by the Flo                          | rida Department of                          |
| State.)   |                              |                         |             |                 |  |   |
| Signature(s) of a general partner   | or all ge                    | eneral partne           | ers*:       |                 |  |   |
| (*NOTE: Only one current general partr removing a "limited liability limited partr when adding or removing a "limited liabi   | ership ele                   | ction statement.        | Chapter     | r 620, F.S., re | mited partner<br>equires all ger       | ship is adding or<br>neral partners to sign |
| 3   |                              |                         |             |                 |  |   |
| Drennbleede   | 6                            |                         |             |                 |  |   |
|   |                              |                         |             |                 |  |   |
|   | <del></del>                  |                         |             |                 |  |   |
| Signature(s) of all new or dissoci  | ating gen                    | ieral partner           | (s), if a   | <u>iny</u> :    |  |   |
|   |                              |                         |             |                 |  |   |
|   |                              |                         |             | <del></del>     |  |   |
|   |                              |                         | 4           |                 | <u>.</u>                               |   |
| With the second |                              |                         |             |                 |  |   |
|   |                              |                         | <del></del> |                 |  |   |
| Filing Fee:<br>Certified Copy (optional):<br>Certificate of Status (optional):  | \$52.50<br>\$52.50<br>\$8.75 |                         |             |                 |  |   |