

A15000000654

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

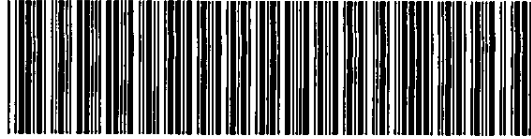
(Document Number)

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Certificates of Status \_\_\_\_\_

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12/14/15--01021--005 \*\*52.50

RECEIVED DATE  
12/15/15

FILED  
2015 DEC -5 PM 4: 19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED  
2015 DEC 14 PM 4: 19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

M. Gulligan JAN - 5 2016

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** O'NEIL AND GILL LP  
Name of Florida Limited Partnership or Limited Liability Limited Partnership

The enclosed Certificate of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Lawrence Swan  
Contact Person  
Caloosehatche Tax  
Firm/Company  
709 Cape Coral Pkwy W  
Address  
Cape Coral FL 33914  
City, State and Zip Code  
lawrence.swan@ctfs.us  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lawrence Swan at ( 239 ) 540-2612  
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- \$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 ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 16, 2015

LAWRENCE SWAN  
CALOOSEHATCHE TAX  
709 CAPE CORAL PKWY W  
CAPE CORAL, FL 33914

SUBJECT: O'NEIL AND GILL LP  
Ref. Number: A15000000654

We have received your document for O'NEIL AND GILL LP and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

The amendment was received on 12/14/15.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan  
Regulatory Specialist II

Letter Number: 415A00026314

FILED

2015 DEC 14 PM 4: 19

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**O'NEIL AND GILL LP**

Insert name currently on file with Florida Department of State

Pursuant to the provisions of section 620.1202, Florida Statutes, this Florida limited partnership or limited liability limited partnership, whose certificate was filed with the Florida Department of State on 10/13/2015, assigned Florida document number A15000000654, adopts the following certificate of amendment to its certificate of limited partnership.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited partnership or limited liability limited partnership here:**

**O'NEILL AND GILL LP**

New name must be distinguishable and contain an acceptable suffix.

*Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.*

*Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.*

**B. If amending mailing address and/or principal office address, enter new mailing address and/or principal office address here:**

New Principal Office Address:

*(Must be STREET address)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

New Mailing Address:

*(May be post office box)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**C. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

\_\_\_\_\_

New Registered Office Address:

*Enter Florida 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 I 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:**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>GP</u>	<u>O'NEILL, ROBERT</u>	<u>1400 HI LNE, APT. 1219</u> <u>DALLAS, TX 75207</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>GP</u>	<u>O'NEILL, ROBERT</u>	<u>709 Cape Coral Pkwy W</u> <u>Cape Coral FL 33914</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>GP</u>	<u>GILL, TEJ</u>	<u>1515 BUENA VISTA,</u> <u>UNIT E</u> <u>SAN CLEMENTE, CA 92673</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>GP</u>	<u>GILL, TEJ</u>	<u>709 Cape Coral Pkwy W</u> <u>Cape Coral FL 33914</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> 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.)**

F. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Effective date, if other than the date of filing: 12/00/2015 12/15/15  
*(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)*

**Signature(s) of a general partner or all general partners\*:**

(\*NOTE: Only one current general partner is required to sign this document unless the limited partnership is adding or removing a "limited liability limited partnership" election statement. Chapter 620, F.S., requires all general partners to sign when adding or removing a "limited liability limited partnership" election statement.)

  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signature(s) of all new or dissociating general partner(s), if any:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2015 DEC 14 PM 4:19  
DEPT. OF STATE  
TALLAHASSEE, FLORIDA

FILED

Filing Fee: \$52.50  
Certified Copy (optional): \$52.50  
Certificate of Status (optional): \$8.75