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(Req	uestor's Name)	
(Add	ress)	
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(City/	/State/Zip/Phone	e #)
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2009 APR 27 PH 1: 11
SECRETARY OF STATE

## **COVER LETTER**

то:	Registration S Division of C				
SUBJ		amily Partnershi me of Florida Limited Par	p, LTD tnership or Limited Liabilit	y Limited Partnership)	
The er	nclosed Certific	cate of Amendment a	nd fee(s) are submitted	for filing.	
Please	return all corr	espondence concernir	ng this matter to:	2009 APR 27 PM 1:11 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Richard	d A. Fort, Jr.			CRE	
		(Contact Person)		英章 2	1
Fort Ma	anagement Con	nany Inc		SES T	1
1 011 1411	anagement con	(Firm/Company)		ma =	
				Fig. :	
100 N	orth Oak Avenu		<del></del>		
		(Address)		DA	
Fort M	leade, FL 33841				
1 011111		City, State and Zip Code)	<del></del>		
	·				
For fu	rther informati	on concerning this ma	atter, please call:		
Richar	d A. Fort, Jr.		at ( 813 ) 748	-8934	
	(Name of Conta	act Person)	(Area Code and D	aytime Telephone Number)	
Enclos	sed is a check t	for the following amo	unt:		
<b>✓ \$</b> 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	
STRE	EET ADDRES	S:	MAILING A	ADDRESS:	
	tration Section	~-	Registration Section		
Division of Corporations		Division of Corporations			
	n Building		P. O. Box 63	•	
26611	Executive Cent	ter Circle	Tallahassee,	FL 32314	
Tallah	assee, FL 323	01			

## CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

Fort Family Partnership, I	LTD			+
(Insert name curre	ently on file	e with Florida Depart	tment of State)	-
Pursuant to the provisions of section 620 limited liability limited partnership, who February 30, 1992, assi adopts the following certificate of amend	se certific gned Flor	ate was filed with rida document nu	h the Florida Department of mber A92000000245	
This amendment is submitted to amend the fo	llowing:			
A. If amending name, enter the new nam	e of the li	mited partnership	or limited liability limited p	<u>artnership</u>
here:			SECH	2009 /
(New name must be d	istinguish	ble and contain an	acceptable suffix.)	ট্ট গ
Acceptable Limited Partnership suffixes: Limitea Acceptable Limited Liability Limited Partnership	suffixes: L	imited Liability Limi	or Ltd. SSR Y ited Partnership, L.L.L.P. or LLL	
B. If amending mailing address and/o principal office address here:	r princip	oal office address	s, enter new mailing addre	ss and/or
New Principal Office Address)  (Must be STREET address)	ress:			-
New Mailing Address: (May be post office box)				- - -
C. If amending the registered agent and/ new registered agent and/or the new regist			on our records, <u>enter the n</u>	ame of the
Name of New Registered Agent:	Richard	A. Fort, Jr.		-
New Registered Office Address:	117 Se	agrove Main Stree (Enter Flo	t #20と orida street address)	-
	St. Aug	sustine	, Florida 32080	
		(City)	(Zip Code)	-

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

comply with the am familiar with	hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to omply with the provisions of all statutes relative to the proper and complete performance of my duties, and I m familiar with and accept the obligations of my position as registered agent.  (If Changing Registered Agent, Signature of New Registered Agent)					
	the general partner(s), enter the ed from our records:  Name	Address	Type of Action	being		
<u>GP</u>	Richard A. Fort	100 North Oak Avenue Fort Meade, FL 33841	2008 APR 27 PH 1:1 SHOWN APR 27 PH 1:1 SHOWN APPR 27 PH 1:1	TILED		
	<del></del>		Add Remove			
			Add Remove			
	ed partnership or limited liabilit ship" status, enter change here:	ty limited partnership is an	mending its "limited lia	bility		
☐ This Lim	ited Partnership hereby elects to b	e a "Limited Liability Limite	d Partnership."			
This Lim	ited Partnership hereby removes it	ts "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	on, enter chang	e(s) here:	(Attach addition	al sheets,	if necess	sary.)	
				· · · · ·			
						· • • • • • • • • • • • • • • • • • • •	·····
							<del></del>
Effective date, if other than the dat (Effective date cannot be prior to nor mor	te of filing:						
(Effective date cannot be prior to nor mon State.)	re than 90 days aj	fter the date	this document is	filed by th	e Florida	Departm	ent of
Signature(s) of a general partner	r or all genera	l partner	<u>'S*:</u>				
(*NOTE: Only one current general parts	ner is required to s	sign this do	cument unless the	limited pa	artner <del>sh</del> ip	is adding	gor
removing a "limited liability limited parts when adding or removing a "limited liabi	nership" election : ility limited partne	statement. ership" elec	Chapter 620, F.S., tion statement.)	requires a	all gefaef@l Se≤≤	pare rs	to sign
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<del></del>	<del></del>	•	<u> </u>	<u>v</u>			
<del></del>		•		<del> </del>			
Signature(s) of all new or dissoci	iating general	partner(	s), if any:				
Lichard A. Fort (deca							
WENTARD IS FORF ( DECE	<u> </u>	•	· · · · · ·	-			
					·*····································		
				<del> </del>			·
	·····				····		
Filing Fee:	\$52.50						
Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$8.75						