

A95000000120

Real Pit Bar B.O. Ltd.

Requestor's Name

2107 SE 3rd Avenue

Address

Ocala FL 34471

City/State/Zip

Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #) 000005031780--9
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(Corporation Name) (Document #)

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NEW FILINGS	
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Updater	Annual Report DEC
Updater	Fictitious Name
Verifier	Name Reservation DEC
Acknowledgement	DCC
W. P. Verifier	DCC

AMENDMENTS	
	Amendment
	Resignation of R.A., Officer/ Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

REGISTRATION/ QUALIFICATION	
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

FILED
02 FEB 28 AM 11:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

February 18, 2002

REAL PIT BAR-B-Q, LTD.
2107 SE 3RD AVENUE
OCALA, FL 34471

SUBJECT: REAL PIT BAR-B-Q, LTD.
Ref. Number: A95000000120

We have received your document for REAL PIT BAR-B-Q, LTD. and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must complete an application for each entity that you are amending. You must have the general partner that is remaining sign as well as the new general partner. You must also list the address of the new general partner and the registered agent in the amendment.

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) 245-6913.

Diane Cushing
Corporate Specialist

Letter Number: 002A00009982

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

Real Pit Bar B-2440 A95000000120

(Insert name currently on file with Florida Dept. of State)

Pursuant to the provisions of section 620.109, Florida Statutes, this Florida limited partnership, whose certificate was filed with the Florida Dept. of State on 1/29/02, adopts the following certificate of amendment to its certificate of limited partnership.

FIRST: Amendment(s): (indicate article number(s) being amended, added, or deleted)

John (Jay) W. Kirkpatrick IV is deceased as of May 3, 2001. Please change current registered agent from his name to S. Kaye Kirkpatrick as well as general partner. Enclosed is a copy death certificate.

Address of new general partner / registered agent
S. Kaye Kirkpatrick
6895 SW 18 Terrace Rd.
Ocala, FL 34476

SECOND: This certificate of amendment shall be effective at the time of its filing with the Florida Department of State.

THIRD: Signature(s)

Signature of current general partner:



Signature(s) of new general partner(s), if applicable:



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CERTIFIED COPY
CERTIFICATE OF DEATH
FLORIDA**

LOCAL FILE NO.

1 DECEDENT'S NAME FIRST JOHN MIDDLE WATT LAST KIRKPATRICK, IV.		2 SEX MALE
3 DATE OF DEATH (Month, Day, Year) MAY 3, 2001	4 SOCIAL SECURITY NUMBER 590-14-9991	5a AGE-Last Birthday (years) 32
6 DATE OF BIRTH (Month, Day, Year) MAY 20, 1968	7 BIRTHPLACE (City and State or Foreign Country) GAINESVILLE, FLORIDA	8 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or No) NO
9a PLACE OF DEATH (Check only one: see instructions on other side) HOSPITAL ☐ Inpatient ☐ ER/Outpatient ☐ DOA ☐ OTHER ☐ Nursing Home ☒ Residence ☐ Other (Specify) 5203 N.W. 49TH LANE		9b INSIDE CITY LIMITS? (Yes or No) NO
9c FACILITY NAME (If not institution, give street and number) 5203 N.W. 49TH LANE		9d CITY, TOWN, OR LOCATION OF DEATH GAINESVILLE
10a DECEDENT'S USUAL OCCUPATION OWNER		10b KIND OF BUSINESS/INDUSTRY RESTAURANT
11 MARITAL STATUS — Married, Never Married, Widowed, Divorced (Specify) MARRIED		12 SURVIVING SPOUSE (If wife, give maiden name) SANDRA KAYE WUBBENA
13a RESIDENCE — STATE FLORIDA	13b COUNTY MARION	13c CITY, TOWN, OR LOCATION OCALA
13d STREET AND NUMBER 6895 SW 18TH TERRACE ROAD	14 WAS DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify No or Yes — If yes, specify Haitian, Cuban, Mexican, Puerto Rican, etc.) ☒ No ☐ Yes WHITE	15 RACE — American Indian, Black, White, etc. Specify
16 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (10-12) 12 College (13-16) 12	17 FATHER'S NAME (First, Middle, Last) JOHN WATT KIRKPATRICK, III.	
18 MOTHER'S NAME (First, Middle, Maiden Surname) PEGGY BOYD		19a INFORMANT'S NAME (Type/Print) JOHN KIRKPATRICK, III
19b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 5203 NW 49th LANE GAINESVILLE, FLORIDA 32606		20a METHOD OF DISPOSITION ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)
20b PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) EVERGREEN CEMETERY		20c LOCATION — City or Town, State GAINESVILLE, FLORIDA
21a SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>[Signature]</i>		21b LICENSE NUMBER (of Licensee) FE: 4330
21c NAME AND ADDRESS OF FACILITY MILAM FUNERAL HOME 311 S. MAIN STREET GAINESVILLE, FLORIDA 32601		22a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) as stated (Signature and Title) <i>[Signature]</i>
22b DATE SIGNED (Mo., Day, Yr.) MAY 7, 2001	22c HOUR OF DEATH 5:04 P	23a On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) and manner as stated (Signature and Title) <i>[Signature]</i>
23b DATE SIGNED (Mo., Day, Yr.) MAY 7, 2001	23c HOUR OF DEATH 5:04 P	23d MEDICAL EXAMINER'S CASE # 01-08-00141
24 NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER) (Type or Print) WILLIAM F. HAMILTON, M.D. 606 SW 3RD AVE. GAINESVILLE, FL. 32601		
25a SUBREGISTRAR — SIGNATURE AND DATE <i>[Signature]</i> 5-10-01	25b LOCAL REGISTRAR — SIGNATURE <i>[Signature]</i>	25c DATE REGISTERED 5-10-01

THIS IS A CERTIFIED TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE

BY: *[Signature]*

MAY 10 2001
State Registrar

WARNING:

THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH A WATERMARK OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARK.

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THE DOCUMENT PAGE CONTAINS A MULTI-COLORED BACKGROUND AND GOLD EMBOSSED SEAL. THE BACK CONTAINS SPECIAL LINES WITH TEXT AND SEALS IN THERMOCHROMIC INK.

FLORIDA DEPARTMENT OF
HEALTH

CERTIFICATION OF VITAL RECORD