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(Re	equestor's Name)	
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

)15 JAN 29 PM 4: 0

FEBOG 2015 J. HARRIS

COVER LETTER

TO: Registration Division of	Section Corporations		
SUBJECT:	John W.	Stone Investment	s, Ltd.
		rtnership or Limited Liabili	
The enclosed Certif	icate of Amendment a	und fee(s) are submitted	for filing.
Please return all cor	respondence concerni	ng this matter to:	
	Tommie Bennett		
	Contact Person		
John W	/. Stone Investments	s, Ltd.	
	Firm/Company		
	P.O. Box 303		
	Address		
	Seville, FL 32190		
	City, State and Zip Code		
tomm	niebennett@hotmail.	.com	
E-mail address: (t	o be used for future annual	report notification)	
For further information	tion concerning this m	atter, please call:	
Tomm	ie Bennett	at (386)	749-3456
Name of Cont			time Telephone Number
Enclosed is a check	for the following amo	ount:	
√ \$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 ADDRE	SS:	MAILING	ADDRESS:
Registration Section		Registration	
Division of Corpora	itions		Corporations
Clifton Building 2661 Executive Cer	nter Circle	P. O. Box 63 Tallahassee,	
Tallahassee, FL 32		i alialiassee,	, I

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

·	ne investment		
Insert name currently or	i file with Florida Depa	artment of State	
Pursuant to the provisions of section 620.1202, limited liability limited partnership, whose cert June 26, 1996, assigned I adopts the following certificate of amendment	ificate was filed wi lorida document n	th the Florida Department of State of umber <u>A9600001201</u>	on ,
This amendment is submitted to amend the following	g:		
A. If amending name, enter the new name of the here:	e limited partnershi	p or limited liability limited partner	<u>ship</u>
New name must be distingu	ishable and contain an	acceptable suffix.	-
Acceptable Limited Partnership suffixes: Limited Partne Acceptable Limited Liability Limited Partnership suffixe			
B. If amending mailing address and/or prin principal office address here: New Principal Office Address: (Must be STREET address)	·	ss, enter new mailing address and	<u>/or</u>
New Mailing Address: (May be post office box)		29 PH 4: SSEE FLOR	
C. If amending the registered agent and/or registered agent and/or the new registered of		s on our records, enter the pame of	<u>the</u>
Name of New Registered Agent:			
New Registered Office Address:	Enter Flo	orida street address	
		, Florida	
	City	Zip Code	

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

		If Changing Registered Agent,	Signature of New Registere
amending	; the general partner(s), <u>en</u>	ter the name and business address	of each general part
<u>or remov</u> <u>Fitle</u>	ed from our records: <u>Name</u>	Address	Type of Action
GP	John W. Stone	6230 CR 13 South	
		Hastings, FL 32145	Remove
			Add Remove
			Kelilove
			Add Remove
			Add Remove
			2015 SEC JALL
	- 		Add ≥
			——————————————————————————————————————
			DAdd =

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

This Limited Partnership hereby removes its "Limited Liability Limited Partnership" status.

F. If amending any other information, enter change	(s) here: (Attach addition	nal sheets, if necessary.)
John W. Stone is deceased.		
Effective date, if other than the date of filing:		
(Effective date cannot be prior to nor more than 90 days after the of State.)	date this document is filed l	by the Florida Department of
Signature(s) of a general partner or all general partner	ners*:	
(*NOTE: Only one current general partner is required to sign this	document unless the limite	ed partnership is adding or
removing a "limited liability limited partnership" election statemer when adding or removing a "limited liability limited partnership" e	nt. Chapter 620, F.S., requi	res all general partners to sign
when adding or removing a minica habitity minica partiersing	rection statement.)	
Laure Barrett		
Jonnie Bennett, G.P.		

		20 s
Signature(s) of all new or dissociating general partne	er(s), if any:	2015 JAN 29 SECRETARY
		N 29
John W. Stone, deceased		A 6
		
		4: O
		<u> </u>
Filing Fee: \$52.50		
Certified Copy (optional): \$52.50		
Certificate of Status (optional): \$8.75		