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LP/LLLP AMENDMENT/RESTATEMENT/CORRECTION WELLS FAMILY LIMITED PARTNERSHIP

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(((H24000178017 3))) CERTIFICATE OF AMENDMENT CERTIFICATE OF LIMITED PARTNERSHIP



		"131 0 ~ "
Wells Family Limited Partanership		utment of State
Insert name currently or	n file with Florida Depa	urtment of State
Pursuant to the provisions of section 620.1202 imited liability limited partnership, whose certains 2, 1997 assigned I	tificate was filed w Florida document n	ith the Florida Department of State or umber A97000001232
adopts the following certificate of amendment	to its certificate of	limited partnership.
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of th	ne limited partnersh	lp or limited liability limited partnersh
<u>here</u> :		
New name must be disting	uishable and contain an	acceptable suffix.
Acceptable Limited Partnership suffixes: Limited Partne Acceptable Limited Liability Limited Partnership suffixe		
B. If amending mailing address and/or principal office address here:	ncipal office addre	ss, <u>enter new mailing address and/o</u>
New Principal Office Address:		
(Must be STREET address)		
New Mailing Address: (May be post office box)		
New Mailing Address:	tered office address	
New Mailing Address: (May be post office box) C. If amending the registered agent and/or regis	tered office address	· · · · · · · · · · · · · · · · · · ·
New Mailing Address: (May be post office box) C. If amending the registered agent and/or regis registered agent and/or the new registered office	tered office address address here:	· · · · · · · · · · · · · · · · · · ·
New Mailing Address: (May be post office box) C. If amending the registered agent and/or regis registered agent and/or the new registered office Name of New Registered Agent:	tered office address address here:	on our records, <u>enter the name of the n</u>

(((H240001780173)))

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.

<u> </u>	d from our records Name		Address	Type of Action
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• •	hange(s) here: (Attach additional sheets, if necessary.) ended to read: The limited partnership has a perpetual duration.
fective date, if other than the date of filing:	er the date this document is filed by the Florida Department of
ffective date cannot be prior to nor more than 90 days aft ne.)	er the date this document is filed by the Florida Department of
ite: If the date inserted in this block does not meet the app listed as the document's effective date on the Department	
hated as the document a creetive date on the Department	to out of seconds.
gnature(s) of a general partner or all general	partners*:
NOTE: Only one current general partner is required to si	ign this document unless the limited partnership is adding or
noving a "limited liability limited parmership" election st	tatement. Chapter 620, F.S., requires all general partners to sig
nen adding or removing a "limited liability limited partner Wells Family Limited Partnership by its General	Wells Family Limited Partnership by its General
Partner Wells Brothers Investments, Inc., a	Partner Wells Brothers Investments, Inc., a Florida
Florida concoration	corporation
An NW M	Kennor R. Well
By: Stanley H. Wells	By: Kenneth R. Wells
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gnature(s) of all new or dissociating general p	partner(s), if any:
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Signature(s) of all new or dissociating general i	partner(s), if any:

\$52.50 \$52.50 \$8.75

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