## A95000002008

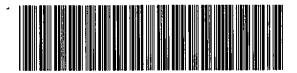
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Special Instructions to F	Filing Officer:	

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M. THOMAS

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**EXAMINER** 



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SECRETARY OF STATE
TAIL AHASSEE, FLORID

## **COVER LETTER**

TO: Registration Division of	Section Corporations			
SUBJECT: Bryan	nt Family Limited ame of Florida Limited Par	Partnership rtnership or Limited Liabilit	y Limited Partnership)	_ 0
The enclosed Certif	icate of Amendment a	nd fee(s) are submitted	for filing.	
Please return all cor	respondence concerni	ng this matter to:		
Van P. Geeker				
	(Contact Person)			
Igler & Dougherty, P./	۹,			
<u> </u>	(Firm/Company)			
2457 Care Drive				
	(Address)	,		
Taliahassee, Florida	32308			
	(City, State and Zip Code)			
For further informat	ion concerning this ma	atter, please call:	TALLI	35 T
Van P. Geeker		_at ( <u>850</u> ) 878	-2411 <u>美</u>	72
(Name of Con	tact Person)	(Area Code and D	aytime Telephone Number)	您一 何
Enclosed is a check	for the following amo	unt:	ŗ	
✓ \$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	ORIOA
STREET ADDRES	SS:	MAILING A	ADDRESS:	
		Registration		
•	ivision of Corporations  Division of Corporations			
Clifton Building	A (Ci1-	P. O. Box 63		
Job L Executive Ler	iter Circle	Tallahassee	FI 42414	

Tallahassee, FL 32301

## CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP

Bryant Family 1	Limited Partnership with Florida Department of State)
(Insert name currently on file	with Florida Department of State)
	ate was filed with the Florida Department of State on ida document number <u>A9560002008</u> ,
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin	nited partnership or limited liability limited partnership
Bryant Family Lin	nited Liability Limited Parthership ble and contain an acceptable suffix.)
(New name must be distinguisha	ble and contain an acceptable suffix.)
Acceptable Limited Partnership suffixes: Limited Partnership Acceptable Limited Liability Limited Partnership suffixes: Li	
B. If amending mailing address and/or principal office address here:	al office address, enter new mailing address and a
New Principal Office Address: (Must be STREET address)	ASSE CONTRACTOR OF THE PROPERTY OF THE PROPERT
New Mailing Address: (May be post office box)	LORIDA
C. If amending the registered agent and/or register new registered agent and/or the new registered office	ed office address on our records, enter the name of the address here:
Name of New Registered Agent:	
New Registered Office Address:	(Enter Florida street address)

(City)

, Florida

(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>	Address	Type of Action
			Add Remove
			□ Add □ Remove
			OS JAN 23 TALLANDER SECURITION OF THE PROPERTY
			Add Remove
			☐ Add P ☐ Remove
			Add 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 informat	ion, enter change(	s) here: (Attach additional sheets, if necessary.)
5. The latest date upon which the Pa	artnership shall dis	solve is December 31, 2050.
		<del></del>
Effective date, if other than the da	te of filing:	
(Effective date cannot be prior to nor mo		r the date this document is filed by the Florida Department of
State.)	·	
•		
Signature(s) of a general partne	r or all general p	oartners*:
		n this document unless the limited partnership is adding or tement. Chapter 620, F.S., requires all general partners to sign
when adding or removing a "limited liab		
M. D.C.		0 101 1
Spold DIN Day	out	Parolfotor, Am
Gerald D.N. Bryant		Pacioli Systems, Truc
•		Bus Corold D.N. Berry
	<del></del>	By: Gerald D.N. Bryantz III
· · · · · · · · · · · · · · · · · · ·	<del></del>	Its President
Signature(s) of all new or dissoc	iating general pa	artner(s), if any:
		SATA 5
		Ог <sup>.</sup> Р
Filing Fee:	\$52.50	
Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$8.75	