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| (Requesto                               | or's Name)             |
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| (Address)                               |                        |
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| (Address)                               |                        |
| ,                                       |                        |
| /City/State                             | e/Zip/Phone #)         |
| (Oity/State                             | #Zipretione #)         |
| PICK-UP                                 | WAIT MAIL              |
|   |                        |
| (Business                               | Entity Name)           |
| (====================================== | <b>—</b> ,,            |
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| (L)ocumer                               | nt Number)             |
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| Certified Copies                        | Certificates of Status |
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| Special Instructions to Filing          | Officer                |
| Special instructions to Fining          | Jilloei.               |
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Office Use Only



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2010 JUL -2 PM 4: 01
SECRETARY OF STATE

X0-168

### **COVER LETTER**

| TO: Registration Section Division of Corporations         |  |
|---|--|
| SUBJECT: Thomas Far                                       | mily Partnership, Ltd.   |
| Name of Florida Limited Partner                           | ship or Limited Liability Limited Partnership                              |
| The enclosed Certificate of Amendment and f               | ee(s) are submitted for filing.  |
| Please return all correspondence concerning to            | his matter to:   |
| David J. Thomas, III  Contact Person                      |  |
| •   |  |
| Holyfield & Thomas, LLC                                   |  |
| Firm/Company  |  |
| 125 Butler Street   |  |
| Address   | ·  |
| West Palm Beach, FL 33407-6                               | 105  |
| City, State and Zip Code                                  | <del> </del>   |
| DJThomas@holyfieldandthomas                               | .com   |
| E-mail address: (to be used for future annual repo        |  |
|   | AS L   |
| For further information concerning this matter            | r. please call:  |
|   | r, please call:  |
|   | at ( <u>561</u> ) 689-6000 국 그 :   |
| Name of Contact Person                                    | Area Code and Daytime Telephone Number                                     |
| Enclosed is a check for the following amount:             | ••••   |
| (** \$25.00 SENTDW/INITIAL FILING,+0                      |  |
| \$52.50 Filing Fee S61.25 Filing Fee and Certificate of a | \$105.00 Filing Fee \$\begin{array}{ c c c c c c c c c c c c c c c c c c c |
| Status  | nd Certified Copy, and Certificate of Status                               |
| STREET ADDRESS:   | MAILING ADDRESS:   |
| Registration Section                                      | Registration Section   |
| Division of Corporations                                  | Division of Corporations   |
| Clifton Building  | P. O. Box 6327   |
| 2661 Executive Center Circle                              | Tallahassee, FL 32314  |
| Tallahassee, FL 32301                                     |  |

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

# Thomas Family Partnership, Ltd. Insert name currently on file with Florida Department of State

| limited liability limited partnership, whose  | 1202, Florida Statutes, this Florida limited partnership or e certificate was filed with the Florida Department of State on ned Florida document number |
|---|---|
|   | nent to its certificate of limited partnership.   |
| This amendment is submitted to amend the following                                      | owing:  |
| <u>-</u>  | of the limited partnership or limited liability limited partnership   |
| <u>here</u> :   |   |
| New name must be dis  | stinguishable and contain an acceptable suffix.   |
|   | principal office address, enter new mailing address and/or  |
| C. If amending the registered agent and/or new registered agent and/or the new register | r registered office address on our records, enter the name of the ed office address here:   |
| Name of New Registered Agent:   |   |
| New Registered Office Address:  | 125 Butler Street  Enter Florida street address   |
|   | West Palm Beach , Florida 33407-6105  |
|   | City / Tin 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 a |
| 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 th | e name | and bu | usiness | address | of each | general | partner | being |
|----|-------------------------------------|----------|--------|--------|---------|---------|---------|---------|---------|-------|
| ad | ded or removed from our records:    |          |        |        |         |         |         |         |         |       |

| <u>Title</u>   | <u>Name</u> | Address | Type of Action    |
|--|-------------|---------|-------------------|
|  |             |         | _                 |
| ***********  |             |         | 2010 JULY -2 P    |
|  |             |         | Rémove            |
| <del></del>  |             |         | Add Remove        |
| No. of the last of |             |         | _ Add<br>_ 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 | ership." |
|---|----------|
|---|----------|

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 information, enter change(s)   | here: (Attach additional shee                          | ts, if necessary.)         |
|---|--|----------------------------|
| Please change general partner address to:   | 1  |                            |
| Thomas Family Management Corp.  |  |                            |
| c/o David J. Thomas, III  |  | ·<br>                      |
| 125 Butler Street   |  |                            |
| West Palm Beach, FL 33407-6105  | 1  | ,                          |
| Effective date, if other than the date of filing:  (Effective date cannot be prior to nor more than 90 days after the date State.)  | July 15, 2010 e this document is filed by the Fl       | orida Department of        |
| Signature(s) of a general partner or all general partner  | <u>'s*:</u>  |                            |
| (*NOTE: Only one current general partner is required to sign this do removing a "limited liability limited partnership" election statement. when adding or removing a "limited liability limited partnership" election statement. When adding or removing a "limited liability limited partnership" election statement. When adding or removing a "limited liability limited partnership" election statement. When adding or removing a "limited liability limited partnership" election statement. | Chapter 620, F.S., requires all go<br>tion statement.) | eneral partners to sign    |
| Thomas Family Management Corp,  |  |                            |
| General Vartuer   | i .  | ASS para                   |
|   |  |                            |
| Signature(s) of all new or dissociating general partner(  | s), if any:  | PH 4: 01  OF STATE FLORIDA |
|   | _1.  |                            |
|   |  |                            |
| Filing Fee: \$52.50 Certified Copy (optional): \$52.50 Certificate of Status (optional): \$8.75   |  |                            |