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COVER LETTER

TO: Registration Section Division of Corporations			
SURIECT: De\	Woody Family Limited Partners	ship	
3010 De 1	Name of Florida Limited Par	tnership or Limited Liabilit	y Limited Partnership
The enclosed Co	ertificate of Amendment a	nd fee(s) are submitted	for filing.
Please return all	correspondence concernii	ng this matter to:	
Colleen DeWoody	Bracci		
	Contact Person		
	Firm/Company		
115 Point Circle			
	Address		
Tequesta FL 3346	City, State and Zip Code 59 ss: (to be used for future annual	report notification)	
For further info	rmation concerning this m	atter, please call:	
Colleen DeWoody	Bracci	at (561)508-9	9958
Name of	Contact Person	Area Code and Day	time Telephone Number
Enclosed is a ch	neck for the following amo	ount:	
☐ \$52.50 Filing F	ee	■\$105.00 Filing Fee and Certified Copy	-
Mailing Address Registration Sec Division of Cor P.O. Box 6327 Tallahassee, FL	ction porations		Section Corporations of Tallahassee nroe Street, Suite 810

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP. OF

DeWoody Family Limited Partnerhip

Insert name currently on file with Florida Department of State

icate was filed	this Florida limited partnership or with the Florida Department of State on number A00000000590
its certificate of	of limited partnership.
limited partners	ship or limited liability limited partnership
shable and contain	an acceptable suffix.
ship, Limited, L.P., Limited Liability	LP, or Ltd. Limited Partnership, L.IL.P. or LLLP.
ipal office add	ress, enter new mailing address and/or
red office addres ddress here:	ss on our records, <u>enter the name of the new</u>
Tutou	Florida street address
r.mer	
City	, Florida Zip Code
	icate was filed orida document its certificate of limited partners hable and contain thip. Limited, L.P., Limited Liability ipal office address here: Enter

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 N	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>	Name	Address	Type of Action
<u>GP</u>	Kathleen F DeWoody	115 Point Circle Tequesta, FL 33469	_
<u>GP</u>	Colleen DeWoody Bracci	115 Point Circle Tequesta, FL 33469	_
			_
			_
			_ □ Add □ Remove
			_

E. If the limited partnership or limited liability limited partnership is amending its "limited liability limited partnership" status, enter change here:

п	This Limited Partnershi	n hereby elects to be a	a "Limited Liability	Limited Partnership."
_	I III S LIIIII CCC I AI CIICI SIII	principle circles to the i	i immiced immiring	immicel i di the one

☐ 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	e(s) here: (Attach additional sheets, if necessary.)
GP- Donald K DeWoody - please correct name to be Donald K D	eWoody, Jr
Effective date, if other than the date of filing:	
Effective date, if other than the date of filing: (Effective date cannot be prior to nor more than 90 days after the State.)	date this document is filed by the Florida Department of
Note: If the date inserted in this block does not meet the applicab	
be listed as the document's effective date on the Department of St	tate's records.
Signature(s) of a general partner or all general part	tners*:
(*NOTE: Only one current general partner is required to sign the removing a "limited liability limited partnership" election statement when adding or removing a "limited liability limited partnership"	ent. Chapter 620, F.S., requires all general partners to sign
1 Jan Nº Johnson	
Signature(s) of all new or dissociating general parts	ner(s), if any:
Filing Fee: \$52.50	
Certified Copy (optional): \$52.50	
Certificate of Status (optional): \$8.75	