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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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(B u	siness Entity Nam	ie)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

TO: Registration Division of C					
SUBJECT:	Mrathon Pr	rtnership or Limited Liability	L P	-	
The enclosed Certifi	cate of Amendment a	nd fee(s) are submitted	for filing.		
Please return all corn	respondence concernii	ng this matter to:			
P.O. B	Firm/Company ON 30733 Address	operties LUP			
<u>Charl</u>	eston, SC a	29411			
:	o be used for future annual				
For further informat	ion concerning this m	atter, please call:			
Charles V	lard oct Person	at (343) (a	time Telephone Numberi	- 17	
Enclosed is a check	for the following amo	ount:		EAR	٦٦-
\$52.50 Filing Fee	\$61.25 Filing Fee and Certificate of Status	\$105.00 Filing Fee and Certified Copy	S113.75 Filing Fee	R -2 W	FILED
STREET ADDRES	SS:	MAILING A	ADDRESS: 🛒 🚍	\Box	
Registration Section	Registration Section Registration Section		(L)		
Division of Corporations Division of Corporations					
Clifton Building P. O. Box 6327					
2661 Executive Cen Tallahassee, FL 323		Tallahassee,	FL 32314		

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

	2 ropertie		
Insert name currently on fil	ie with Florida Depart	ment of State	
Pursuant to the provisions of section 620.1202, Flimited liability limited partnership, whose certificate of amendment to	cate was filed with rida document nu	n the Florida Department of Stat mber <u>A OOOOOO</u> 7	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the l	imited partnership	or limited liability limited partne	ership
<u>nere</u> :			
New name must be distinguish	nable and contain an a	cceptable suffix.	
Acceptable Limited Partnership suffixes: Limited Partnersh Acceptable Limited Liability Limited Partnership suffixes:			
B. If amending mailing address and/or principal office address here:	pal office address	, enter new mailing address at	<u>nd/or</u>
New Principal Office Address:			
(Must be STREET address)	 	<u> </u>	
New Mailing Address: (May be post office box)		TALLES AND	丁
		-2 SSE-0	
C. If amending the registered agent and/or registence registered agent and/or the new registered office.	ered office address ce address here:	on our records, enter the name	of the 5 —
Name of New Registered Agent:			د،
New Registered Office Address:	Enter Flor	rida street address	
	Emer 1 m		
	City	, Florida <u>Zip Code</u>	

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>	Name	<u>Address</u>	Type of Action
Gene <u>ral Portne</u> r	John H. Ward	P.O. Box 30733 Charleston SC = 9417	_ ☐ Add _ ☑ Remove
			_
			_
			_ □ Add □ Remove
			Remove 2
			_ □ Add \(\tilde{\tii

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 information,	enter change(s)	here: (Attach additi	onal sheets, if necessary.)
			<u> </u>
	 		
Effective date, if other than the date of filin (Effective date cannot be prior to nor more than 90 State.)	g:_ days after the da	te this document is filed	l by the Florida Department of
Signature(s) of a general partner or all g	eneral partne	<u>rs*:</u>	
(*NOTE: Only one current general partner is requiremoving a "limited liability limited partnership" elewhen adding or removing a "limited liability limited	ection statement.	Chapter 620, F.S., req	ited partnership is adding or uires all general partners to sign
Charles W Ward	2/21/2017		
			
			
Signature(s) of all new or dissociating ge	neral partner	(s), if any:	
			SECO
			ALL STATES
			E C
			
Filing Fee: \$52.50 Certified Copy (optional): \$52.50 Certificate of Status (optional): \$8.75			