

A000000001083

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

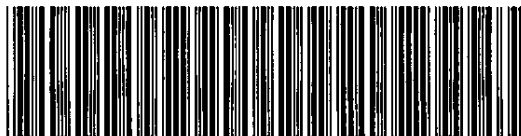
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600271520776

600271520776
04/20/16--01001--017 **25.00

04/28/16--01029--002 **27.50

FILED
2016 APR 26 PM 4:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
APR 28

THE
COLEMAN LAW FIRM
PLLC

10161 CENTURION PARKWAY NORTH, SUITE 310 JACKSONVILLE, FLORIDA 32256
TEL: 904.448.1969 | FAX: 904.448.5244

April 26, 2016

Via FedEx – Standard Overnight

Registration Section
Attn: Karen A. Saly
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: The Sarah R. Colgrove Family Partnership, Ltd. | Document No.: A00000001083

Dear Ms. Saly:

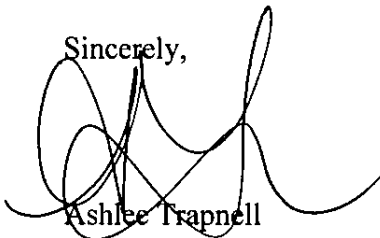
Please find enclosed your original correspondence concerning the incorrect paperwork your office received, the correct and signed amendment form, and a courtesy copy of the certificate of limited partnership showing John B. Colgrove as the successor General Partner to the late Sarah R. Colgrove.

Further enclosed is an additional payment of \$27.50 to cover your service fees. We previously mailed check #733, \$25.00, from John B. Colgrove on April 18, 2016. I erroneously had a typo on the original (incorrect) amendment. Our \$25.00 payment was posted to Ross Jaffe Matz Partners, Ltd., Document No.: A00000001082. Please apply our previous payment to additional payment enclosed herewith.

Should you have any questions or concerns, please do not hesitate to contact me.

Thank you for your help!

Sincerely,



Ashlee Trappnell



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 20, 2016

THE COLEMAN LAW FIRM
C. RANDOLPH COLEMAN
10161 CENTURION PKWY N, STE. 310
JACKSONVILLE, FL 32256

SUBJECT: ROSS JAFFE MATZ PARTNERS, LTD.

Ref. Number: A00000001082 **3**

*The Sarah R Colgrove
Family Partnership, LTD.*

We have received your document for ~~ROSS JAFFE MATZ PARTNERS, LTD.~~
and your check(s) totaling \$25.00. However, the enclosed document has not
been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please note difference in fees.

Please return your document, along with a copy of this letter, within 60 days or
your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call
(850) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 716A00008206

1/25/2016 13:26 PDT

TO: 19858680107 FROM: 9048001492

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Sarah R. Colgrove Family Partnership
Name of Florida Limited Partnership or Limited Liability Limited Partnership

The enclosed Certificate of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Ashlee Trapnell

Contact Person

The Coleman Law Firm, PLLC

Firm/Company

10161 Centurion Pkwy N Ste 310

Address

Jacksonville, Florida 32256

City, State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ashlee Trapnell

Name of Contact Person

at (904)

448-1969

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$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

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

1/25/2016 13:26 PDT

TO:19858680107 FROM:9048001492

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CERTIFICATE OF AMENDMENT
TO
CERTIFICATE OF LIMITED PARTNERSHIP
OF

The Sarah R. Colgrove Family Partnership, Ltd

Insert name currently on file with Florida Department of State

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TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 620.1202, Florida Statutes, this Florida limited partnership or limited liability limited partnership, whose certificate was filed with the Florida Department of State on July 5, 2000, assigned Florida document number A00000001083, adopts the following certificate of amendment to its certificate of limited partnership.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited partnership or limited liability limited partnership here:

New name must be distinguishable and contain an acceptable suffix.

Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.

Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.

B. If amending mailing address and/or principal office address, enter new mailing address and/or principal office address here:

New Principal Office Address:

(Must be STREET address)

New Mailing Address:

(May be post office box)

C. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, Florida _____

City

Zip Code

4/25/2016 13:26 PDT

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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 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>	<u>Address</u>	<u>Type of Action</u>
GP	Sarah R. Colgrove	(deceased) 10087 Pebble Ridge Dr. N. Jacksonville, FL 32220	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
GP	John B. Colgrove	10087 Pebble Ridge Dr. N. Jacksonville, FL 32220	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> 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.)

4/25/2016 13:26 PDT TO:19858680107 FROM:9048001492

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F. If amending any other information, enter change(s) here: *(Attach additional sheets, if needed.)*

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TALLAHASSEE, FLORIDA

Effective date, if other than the date of filing: _____

*(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)***Signature(s) of a general partner or all general partners*:**

(*NOTE: Only one current general partner is required to sign this document unless the limited partnership is adding or removing a "limited liability limited partnership" election statement. Chapter 620, F.S., requires all general partners to sign when adding or removing a "limited liability limited partnership" election statement.)

X John B. Colgrone

Signature(s) of all new or dissociating general partner(s), if any:

X John B. Colgrone

Filing Fee: \$52.50
Certified Copy (optional): \$52.50
Certificate of Status (optional): \$8.75