

A 00000001117

(Requestor's Name)

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☐ PICK-UP

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. CUNE

JAN 24 2011

EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 10, 2011

GLEN CARLTON  
P.O. BOX 1445  
WINTER HAVEN, FL 33882

SUBJECT: THE JOSALCA FAMILY LIMITED PARTNERSHIP  
Ref. Number: A00000001117

We have received your document for THE JOSALCA FAMILY LIMITED PARTNERSHIP 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.

The effective date must be specific and cannot be prior to the date of filing.

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) 245-6020.

Tammi Cline  
Regulatory Specialist II

Letter Number: 011A00000792

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: The Josalca Family Limited 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:

Glen C. Carlton  
Contact Person  
Josalca Family Limited Partnership  
Firm/Company  
P.O. Box 1445  
Address  
Winter Haven, FL 33882-1445  
City, State and Zip Code  
glen@carltonmusic.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Glen C. Carlton at ( 863 ) 294-4216  
Name of Contact Person 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  
check 1182

**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

SECRETARY OF STATE  
TALLAHASSEE, FL 32314

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CERTIFICATE OF AMENDMENT  
TO  
CERTIFICATE OF LIMITED PARTNERSHIP  
OF

The Josalen Family Limited Partnership

Insert name currently on file with Florida Department of State

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 07/17/2000, assigned Florida document number A0004441117, 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)

Glen C. Carlton  
214 McLean Pt W  
Winter Haven, FL 33884

New Mailing Address:  
(May be post office box)

Glen C. Carlton  
PO Box 1445  
Winter Haven, FL 33884

**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:

Glen C. Carlton

New Registered Office Address:

214 McLean Pt. W.

*Enter Florida street address*

Winter Haven  
City

Florida 33884  
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>	<u>Address</u>	<u>Type of Action</u>
<u>GP</u>	<u>John T. Carlton</u>	<u>970 Wedgewood Dr</u> <u>Winter Haven FL 33880</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>GP</u>	<u>Sally L. Carlton</u>	<u>970 Wedgewood Dr.</u> <u>Winter Haven FL 33880</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>GP</u> ↳ <u>General Partner</u>	<u>Glen C. Carlton</u>	<u>214 McLennan Pt W</u> <u>Winter Haven FL 33884</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>GP</u> ↳ <u>General Partner</u>	<u>Richard T. Carlton</u>	<u>1004 Country Oaks Ln</u> <u>Lakeland FL 33810</u>	<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

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**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.)

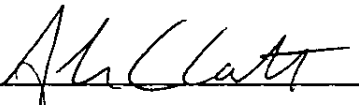
F. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)


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.)

  
Glen C. Carlton

  
Richard T. Carlton

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

John T. Carlton - Deceased  
Sally L. Carlton - Deceased

Filing Fee:

Certified Copy (optional):

Certificate of Status (optional):

\$52.50

\$52.50

\$8.75

- PAID 1122

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