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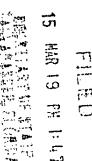
(Requestor's Name)			
(Address)			
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M. MILLIGAN EXAMINER

APR 1 3-2015

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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: The Josalca Fa	amily Limited Partnership
	ship or Limited Liability Limited Partnership
The enclosed Certificate of Amendment and	fee(s) are submitted for filing.
Please return all correspondence concerning t	his matter to:
Glen C. Carlton	
Contact Person	
Josalca Family Limited Partners	ship
Firm/Company	
P.O. Box 1445	
Address	
Winter Haven, FL 33882-144	.5
City, State and Zip Code	
glenc@carltonmusic.com	· · · · · · · · · · · · · · · · · · ·
E-mail address: (to be used for future annual repo	ort notification)
For further information concerning this matte	r, 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	:
Status	\$105.00 Filing Fee, and Certified Copy Certificate of Status
STREET ADDRESS:	MAILING ADDRESS:
STREET 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**

The Josalca Family Limited Partnership Insert name currently on file with Florida Department of State

Pursuant to the provisions of section 620.1202 limited liability limited partnership, whose ce 07/17/2000, assigned	rtificate was filed w		a .
adopts the following certificate of amendmen	t to its certificate of	flimited partnership.	
This amendment is submitted to amend the followi	ng:		
A. If amending name, enter the new name of there:	he limited partnersl	nip or limited liability limited partnersh	<u>ip</u>
New name must be disting	guishable and contain a	n acceptable suffix.	
Acceptable Limited Partnership suffixes: Limited Partn Acceptable Limited Liability Limited Partnership suffix			
B. If amending mailing address and/or principal office address here:	ncipal office addre	ess, enter new mailing address and/o	<u>ır</u>
New Principal Office Address: (Must be STREET address)			
New Mailing Address: (May be post office box)			
C. If amending the registered agent and/or re new registered agent and/or the new registered		ess on our records, enter the name of t	<u>he</u>
Name of New Registered Agent:	 		
New Registered Office Address:	Enter F	Florida street address	
	City	, Florida Zip Code	

5 10 0

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 agreeto 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>	Address	Type of Action
GP	Richard T. Carlton	6330 Ashley Dr Lakeland, FL 33813	Add Remove
GP	Regina L. Carlton	214 McLean Pt. W. Winter Haven, FL 33884	Add Remove
			Add Remove
			Add Remove
***************************************			Add Remove
			Add Remove
limited partnershi	ip" status, enter change here:	ty limited partnership is ame	
This Limited	l Partnership hereby elects to be	e a "Limited Liability Limited P	artnership."

(NOTE: If adding or removing" limited liability limited partnership" status, all general partners must sign this amendment.)

This Limited Partnership hereby removes its "Limited Liability Limited Partnership" status.

F. If amending any other information, e	enter change(s) l	iere: (Attach ad	dditional sheets, if	necessary.)
Effective date, if other than the date of filing (Effective date cannot be prior to nor more than 90 a State.)	g:_ days after the date	this document is	: filed by the Florida	n Department of
Signature(s) of a general partner or all ge	eneral partner	<u>s*:</u>		
(*NOTE: Only one current general partner is required removing a "limited liability limited partnership" elewhen adding or removing a "limited liability limited".	ection statement. (Chapter 620, F.S.	: limited partnership ., requires all genera	o is adding or Il partners to sign
All Clar to	-			
Glen C. Car Hun	-			
	-			
Signature(s) of all new or dissociating gen	neral partner(s	s), if any:		
Regina & Carlfon Regina L. Con- Hon	<u>-</u>			
	-			
	-		****	
Filing Fee: \$52.50 Certified Copy (optional): \$52.50 Certificate of Status (optional): \$8.75			Table Common Tabl	15 MAR 19 PH